January 31, 2023

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Dear Ms. Fong:

Re: CPSBC re: Dr. Daniel Nagase (IC File No. 2021-1608)

As per your letter of instruction dated October 3, 2022, which includes Schedules "A", "B", and "C", please find below my expert opinion on professional obligations as they relate to public statements made by Dr. Daniel Nagase. Your instruction letter is attached for reference in Appendix "1". The particulars of the public statements are outlined in Schedule "A" the *Citation To Appear* written to Dr. Daniel Nagase and dated September 14, 2022, also attached for reference in Appendix "2".

1.0 Table of Contents

2.0 Qualifications

(1) I am a Public Health and Preventative Medicine ("PHPM") Specialist physician and Family Medicine physician with over 25 years of experience in both clinical, academic, teaching, and administrative practice in British Columbia ("BC"), Canada. I currently hold a full-time salary position as a Medical Health Officer with Northern Health Authority and am seconded part-time by the University of British Columbia ("UBC") to serve as both Associate Director of Clinical Faculty Affairs at UBC's School of Population and Public Health and Program Director of UBC's PHPM post-graduate residency program. During the COVID-19 pandemic crisis, I served as Senior Medical Advisor COVID-19 Response in the Office of the Provincial Health Officer ("PHO"), Government of BC, BC Centre for Disease Control ("BCCDC") from March 2020 through December 2020. Prior to the pandemic, I held the position of Vice President Population Health and Chief Medical Health Officer, and Medical Director STOP HIV/AIDS (Treatment as Prevention) and Medical Health Officer for Interior Health both under Order-In-Council for 10 years. I am an active and practising physician in the province of BC, registered and licensed as *full – specialty class* by the College of Physicians and Surgeons of British Columbia ("CPSBC").

(2) My qualifications include Bachelor in Life Sciences and Doctor of Medicine degrees from Queen's University in Kingston, Ontario and a Master's degree of Health Sciences in public health and epidemiology from UBC in Vancouver, BC. I have Fellowships (certification) in Family Medicine ("FM") from the College of Family Physicians of Canada ("CFPC"), and in PHPM from the Royal College of Physicians and Surgeons of Canada ("RCPSC"). I hold an academic appointment at the rank of Clinical Professor in the Faculty of Medicine at UBC in Vancouver.

(3) A more detailed description of my work experience, qualifications, research activities, and publications, and teaching history can be found in my Curriculum Vitae attached as Appendix "3".

(4) I have retained the services of Dr. Naomi Dove for the purposes of research. Dr. Naomi Dove is an active and practising physician in the province of BC, registered and licensed as *full* –

specialty class by the CPSBC. Dr. Dove's qualifications include a Bachelor of Science degree in 2000 from UBC, a Doctor of Medicine degree from UBC, and a Master of Public Health degree from UBC in Vancouver, BC. Dr. Dove has a Fellowship (certification) in PHPM from the RCPSC. Dr. Dove holds an academic appointment at the rank of Clinical Assistant Professor in the Faculty of Medicine at UBC in Vancouver. Dr. Dove's Curriculum Vitae is attached as Appendix "4".

3.0 Assumptions

(5) I have read the List of Assumptions as outlined in Schedule "B" of your instruction letter dated October 3, 2022, and assume them as fact for the purposes of this report.

(6) In addition, to the best of my knowledge: a) Dr. Daniel Nagase's registration status with the CPSBC is currently "resigned" as described by the public registry of the CPSBC[1] having held a license of *full – family class* at the time of the alleged conduct in December of 2021 with certification in the CFPC including added competence in Emergency Medicine; b) he is currently not a member of the CFPC[2] and as such I am unable to verify his past training or current credentials in family medicine, and is not a fellow of the RCPSC[3]; c) is not an academic in medical sciences related to the study of COVID-19 in so far that, to my knowledge, he does not have an appointment with an accredited university and has not published any relevant peer reviewed literature in an indexed academic medical journal (there are two first author papers by Dr. Daniel Nagase describing practice reviews of facial fractures relevant to plastic surgery published in 2005 and 2006)[4]. This is relevant as certification in a related medical discipline or specialty or academic appointments and peer reviewed publication record in a related medical science would speak to foundational qualifications supporting both the Medical Opinions expressed and the Clinical Practice Standards practiced by Dr. Daniel Nagase.

4.0 Documents Reviewed

(7) I have read the CPSBC citation in Schedule "A" and watched the videos listed as Documents 1 and 2 in Schedule "C" of your letter dated October 3, 2022, and take them as the opinions expressed by Dr. Daniel Nagase.

5.0 Objective opinion

5.1. CMA Code of Ethics and Professionalism

(8) "Code". The CMA Code of Ethics and Professionalism[5] articulates the ethical and medical commitments and responsibilities of the medical profession in Canada. It applies to all physicians in Canada regardless of specialty or subspecialty of training or practice and is used as the standard code of conduct and/or referenced in the code of conduct by physician regulatory bodies in every province and territory outside of Quebec. In BC, the Code is the standard of conduct to which registered and licensed physicians and surgeons are held by the CPSBC.

(9) "Prudence Standard". The Prudence Standard as articulated in your letter dated October 3, 2022, is a physician's or surgeon's "obligation under Part A of the Code to act as a prudent physician or surgeon, and specifically, to use clinical and moral reasoning and judgement, consider all relevant knowledge and circumstances, and make decisions carefully, in good conscience, and with due regard for principles of exemplary medical care" (the "Prudence Standard"). In forming my objective opinion with regards to the Prudence Standard, I consider "exemplary medical care" as meeting the Clinical Practice Standards for a physician or surgeon, and in particular the Clinical Practice Standards for the public health management and communicable disease control of COVID-19 and the implementation of measures to reduce its spread in BC and Canada. Opinions are considered prudent if they are within the scope of a physician or surgeon's qualifications and are consistent with the current and widely accepted views of the profession (physician peers and Specialist organizations) when interpreting scientific knowledge to the public (Professional Responsibility 41, of this same Code).

(10) "Harm Prevention Standard". The Harm Prevention Standard as articulated in your letter dated October 3, 2022, is a physician's or surgeon's "commitment to the well-being of the patient under Part B of the Code, and specifically, to take all reasonable steps to prevent or minimize harm to the patient and disclose to the patient if there is a risk of harm or if harm has occurred" (the "Harm Prevention Standard"). In forming my objective opinion with regards to the Harm Prevention Standard, and drawing from this same section of the Code, I consider the known health benefits or potential health benefits of a particular clinical intervention or treatment ("medical act") and the known harms or risk of harms of this same medical act and consider the balance of these two in an effort to bring about a positive balance of benefits over harms.

5.2. Other Definitions

(11) I include the following definitions used in my objective opinion:

a) "Medical Opinion". A Medical Opinion is a statement, advice, recommendation, or opinion about a personal health or health care matter that is expressed by a physician or surgeon who is registered and licensed to practice medicine with the CPSBC (*family or speciality class*) or any other provincial and territorial medical regulatory authority in Canada. Given the circumstance(s), the patient, person, or group of persons ("persons") seeking information or receiving information about a personal health or health care matter must reasonably believe it to be a Medical Opinion unless that physician or surgeon explicitly states it is not a Medical Opinion.

b) "Specialist Physicians and Surgeons". In Canada, Specialist Physicians and Surgeons must be certified by the RCPSC to practice the competencies of that speciality based on education, qualifications, clinical experience, and currency in clinical practice[6]. A physician or surgeon is required to provide valid certification by the RCPSC to be registered and licensed to practice Specialist medicine in BC or any other province or territory in Canada. The discipline of PHPM is a specialty certified by the RCPSC.

c) "Published Peer Reviewed Medical Literature". Published Peer Reviewed Medical Literature is the full body of international scientific papers reviewed by peers in that same or comparable discipline or speciality of medicine for accuracy, validity, and reasonableness prior to its publication by an organization or editor in a journal or other accessible format. Evidence within this body of papers is prioritized according to the hierarchy of evidence[7] determining the level of evidence provided by individual studies with prioritization according to rigour (i.e. strength and precision of research methods) and the body of available evidence,[8] including pre-appraised resources,[9] representing the best high quality aggregate evidence available at that time (highest to lowest): emphasizing evidence synthesis and expert reviews, followed by systematic reviews and meta-analyses, followed by original articles published in journals. Evidence syntheses and expert reviews can include papers published by Specialist organizations outside of indexed academic medical journals that are subject to internal peer review ("grey literature"). Published Peer Reviewed Medical Literature does not include opinion articles, videos, on-line commentary, web-blogs, or social media posts. It is important to acknowledge the role of pre-peer review pre-published original academic articles submitted to an academic medical journal and made available to their academic peers through a recognized clearing house (e.g., MedRxiv) prior to

their publication. While they are useful for the rapid dissemination of new and original information and analysis amongst academic peers in the same or comparable discipline or specialty, they are not considered accurate, or valid, or reasonable without further scrutiny and must be interpreted with this in mind.

d) "Clinical Practice Standards". Clinical Practice Standards for the public health management and communicable disease control of COVID-19, and the implementation of measures to reduce its spread in BC and Canada ("prevention") lies with the medical discipline or speciality of PHPM with support from the medical disciplines or specialties of Infectious Diseases, Medical Microbiology, Clinical Immunology and Allergy, Obstetrics and Gynecology, and Paediatric Medicine. These Specialist physicians are often supported by non-physician academic counterparts in medical sciences such as immunology, microbiology, epidemiology, and clinical trials research ("academic Specialists"). When developing and establishing practice standards for the prevention of COVID-19 in BC, PHPM Specialists take into consideration expert Medical Opinion by relevant physician Specialists, scientific opinion by relevant academic Specialists, Published Peer Reviewed Medical Literature, and other relevant Clinical Practice Standards in BC and Canada. The hierarchy of evidence is explicitly applied in the generation of clinical practice guidelines, where the assessment and application of scientific evidence focuses on how to evaluate and use the evidence gathered from a systematic literature review to inform the development of evidence-based clinical guidelines[10]. It is important to acknowledge the role of Clinical Practice Standards from outside Canadian jurisdictions by the same or comparable physician specialties as informative sources of information, however they do not represent or supersede Clinical Practice Standards in BC or Canada. Using this information, PHPM Specialists then articulate Clinical Practice Standards for the clinical use of both pharmacological products and technologies (medications or drugs) and biological products and technologies (vaccines) to prevent COVID-19 disease, the severity of COVID-19 disease, the transmission of COVID-19 disease, and where relevant and appropriate (within scope) the treatment of COVID-19 disease. In Canada, statements, recommendations, and guidance documents for the prevention of COVID-19 are typically published by the Public Health Agency of Canada at Health Canada ("PHAC"), the National Advisory Council on Immunization ("NACI"), and their provincial counterparts. In BC, the BC Centre for Disease Control ("BCCDC") is the agency given provincial authority by the Provincial Health Officer to provide such guidance. This guidance includes factors to consider when prescribing medications and giving a particular vaccine including but

not limited to indications, doses and schedules, administration, contraindications, precautions, and common adverse events (side effects). Generalist specialties including general practitioners, family physicians, general internists, general paediatricians, and other specialties will typically adopt or refer portions of another specialty's Clinical Practice Standards whose qualifications, expertise, and experience is greater to define the Clinical Practice Standards of their own specialty. This applies to the Clinical Practice Standards for the prevention of COVID-19.

e) "Summary of Medical Evidence". For the purposes of this opinion, Summary of Medical Evidence is a summary of both the Published Peer Reviewed Medical Literature and the Clinical Practice Standards for a particular aspect of the prevention of COVID-19 and where relevant and appropriate (within scope) the treatment of COVID-19 disease. While generally limited to medical evidence available at the time of a given statement(s), updates to the summaries were added if significant changes to the medical evidence have occurred since the statement(s) and impact the objective opinion provided.

f) "Misleading". According to the Oxford English Dictionary[11] (the "OED"), Misleading is defined as something "that leads someone astray or causes someone to have an Incorrect impression or belief; deceptive, delusive". A Medical Opinion provided by a physician or surgeon is Misleading if in the circumstances, it is reasonably believed to be true by the persons seeking information or receiving information about their personal health or health care and is likely to cause them to have an Incorrect impression or belief about this information. As a result of this Misleading Medical Opinion, persons are more likely to reach an opinion, conclusion, or decision regarding their medical care that may on balance cause them more risk of harm than benefit or good.

g) "Incorrect". According to the OED[12], Incorrect is defined as "Of a statement, etc.: Not in accordance with fact; erroneous, inaccurate.". A Medical Opinion provided by a physician or surgeon is Incorrect if it is reasonably believed to be true by the persons seeking information or receiving information about their personal health or health care but is in fact not true when compared to the widely held knowledge of their physician peers or the relevant Clinical Practice Standards. As a result of this Incorrect Medical Opinion, persons are more likely to reach an opinion, conclusion, or decision regarding their medical care that may on balance cause them more risk of harm than benefit or good.

h) "Inflammatory". According to the OED[13], Inflammatory is defined as "Tending to inflame with desire or passion; of a nature to rouse passion, anger, or animosity. (Now usually in a bad sense.)". A Medical Opinion provided by a physician or surgeon is Inflammatory if it is likely to

evoke a strong feeling or emotion such as fear or anger in persons seeking the information about their personal health or health care when the information provided is in fact Misleading or Incorrect. As a result of this Inflammatory Medical Opinion, persons are more likely to reach an opinion, conclusion, or decision regarding their medical care that may on balance cause them more risk of harm than benefit or good.

i) "Cause" and "Causality". In epidemiology, Cause is defined as a specific disease event as an antecedent event, condition, or characteristic that was necessary for the occurrence of the disease at the moment it occurred, given that other conditions are fixed. Sufficient Cause is defined as a set of minimal conditions and events that inevitably produce disease. In the context of a Medical Opinion, Causality is generally assessed using Bradford Hill criteria or viewpoints adapted using reasoned methods and models to fit the causal question (e.g., sufficient cause components, GRADE methodology, Gordis guidelines, etc.). The criteria or viewpoints and reasoned methods and models used to assess the strength of Causality include strength of association, consistency, specificity, temporality, dose-response, plausibility, coherence, experiment, and analogy.[14,15,16]

5.3. Approach to forming objective opinion

(12) When forming my objective opinion regarding the statements made on December 9, 2021, by Dr. Daniel Nagase as listed in the CPSBC citation in Schedule "A" and Documents 1 and 2 of Schedule "C" of your letter dated October 3, 2022, I took into consideration both the Clinical Practice Standards in BC and Canada and relevant Published Peer Reviewed Medical Literature for the public health management and communicable disease control of COVID-19 and the implementation of measures to reduce its spread in BC. This includes for the clinical use of both pharmacological products and technologies (drugs) and biological products and technologies (vaccines) to prevent COVID-19 disease, the severity of COVID-19 disease, the transmission of COVID-19 disease, and where relevant and within my scope the treatment of COVID-19 disease. I provide an objective opinion regarding which statements, if any, are inconsistent with the Prudence Standard and the Harm Prevention Standard. I also provide an objective opinion on whether the statements are Misleading, Incorrect, or Inflammatory about, inter alia, vaccinations, treatments, and public measures relating to COVID-19, to an extent that they are not supported by any responsible and competent body of professional opinion within BC or Canada.

6.0 Statements, summary of medical evidence, analysis, and opinion

6.1. Publicly expressing that Ivermectin is a safe and effective treatment for COVID-19

(13) **Statements.**

(i). ***Statement (1).*** Dr. Daniel Nagasse stated in a speech on Dec. 9, 2021, outside the BC legislature:

*"So, I'm here today because I dared to treat three COVID patients with ivermectin, **it's a safe and effective drug**. The good news, is that all three elderly patients who received ivermectin recovered from COVID and were discharged from the hospital."*

(ii). ***Statement (2).*** Dr. Daniel Nagasse stated in a speech on Dec. 9, 2021, outside the BC legislature:

*"This was in the two weeks that followed **my successful treatment of COVID with ivermectin**. But not only did they **ban a safe drug**, but the College of Physicians and Surgeons pushed a dangerous and ineffective injection, as the only path forward…."*

6.1.1. Ivermectin is a safe and effective treatment for COVID-19

(14) **Summary of Medical Evidence.**

(i). ***Use of Ivermectin for the treatment of COVID-19.*** Ivermectin is an anti-parasitic agent authorized for use in Canada in September 2018 to treat intestinal parasitic infections (specifically strongyloidiasis and onchocerciasis)[17] and for topical use (rosacea)[18]. Prior and current evidence strongly suggest that Ivermectin is neither a safe nor effective treatment or prophylaxis for COVID-19 illness. A meta-analysis published in April 2021 urged caution as available trials investigating the use of ivermectin for prophylaxis against COVID-19 exhibited a serious risk of bias and imprecision.[19] A Cochrane systematic review conducted in July 2021 noted that the reliable evidence available did not support the use of ivermectin for treatment or prevention of COVID-19.[20] Recently, a double blind randomized clinical trial of over 1400 patients observed that administering ivermectin did not prevent the occurrence of serious outcomes, hospitalizations or death from COVID-19.[21] The World Health Organization issued a recommendation on March 31, 2021 against the use of ivermectin for patients with COVID-19, regardless of disease severity, except in the context of a clinical trial.[22] On Oct. 19, 2021, Health Canada issued a public advisory not to use ivermectin to prevent or treat COVID-19.[23] In its COVID-19 Clinical Resources for Health Professionals, BCCDC clearly states that Ivermectin should not be used outside of approved clinical trials.[24] Ivermectin, especially at high doses, can be dangerous for humans and may cause serious health problems such as vomiting, diarrhea,

low blood pressure, allergic reactions, dizziness, seizures, coma and even death. The advisory also specifically addressed Ivermectin products for animals, which often have a much higher concentrated dose than Ivermectin products for people and can contain adjuvants that are harmful to humans[25]. Despite this, reports of Ivermectin poisoning causing harm were reported in several jurisdictions including BC[26,27,28].

(ii). ***Regulatory statement.*** On October 1, 2021, a joint statement was issued by the College of Physicians and Surgeons of BC, the College of Pharmacists of BC, the BC College of Nurses and Midwives and the Provincial Health Officer of BC[29] that they do not approve of the use of ivermectin for either treatment or prophylaxis for COVID-19 and that registrants must not prescribe it for this purpose.

(15) **Analysis.** Based on the Summary of Medical Evidence, Ivermectin was not considered a safe and effective drug for the treatment or prophylaxis of COVID-19 at the time of Dr. Daniel Nagase's statements on December 9, 2021. Ivermectin was also known to be harmful at high doses causing serious health problems such as vomiting, diarrhea, low blood pressure, allergic reactions, dizziness, seizures, coma and even death. Clinical Practice Standards published by The World Health Organization and Health Canada issued a recommendation and an advisory (respectfully) with guidance for physicians and other health care practitioners against the use of Ivermectin for these purposes. The CPSBC in its October 1, 2021, joint letter stated that registrants "must not prescribe it for this purpose". Based on this evidence and these standards, it is unlikely that Ivermectin contributed to the treatment of COVID-19 in the three patients referenced by Dr. Daniel Nagasse, and in fact may have caused harm to one or more of these patients. In addition, Dr. Daniel Nagasse has not provided any evidence regarding these patients that would make me think otherwise.

(16) **Opinion.** In making the statements on December 9, 2021, and including specific reference to Ivermectin [for the treatment of COVID-19] as "… it's a safe and effective drug" (Statement 1), "… my successful treatment of COVID with Ivermectin" (Statement 2), "… a safe drug" (Statement 2), Dr. Daniel Nagase:

(i) ***does not meet the Prudence Standard***:

a. he does not demonstrate clinical and moral reasoning and judgement in providing a Medical Opinion that Ivermectin is safe, effective, and protects a person from or treats the harms associated with COVID-19 disease when in fact it can cause considerable harm especially at high doses; and his Medical Opinion differs significantly from Clinical

Practice Standards for the prevention of COVID-19, Specialist physicians qualified to provide a Medical Opinion on COVID-19, academic Specialists who inform the Published Peer Reviewed Medical Literature, and the joint statement of the regulatory colleges including the CPSBC that explicitly states registrants must not prescribe it for the treatment or prophylaxis of COVID-19.

b. he does not consider the relevant knowledge and facts, and in particular, that Ivermectin does not prevent COVID-19 infection or protect a person from or treat the harms associated with COVID-19 disease based on available evidence at the time, and that Ivermectin can cause considerable harm especially at high doses.
c. he does not demonstrate exemplary medical care as his statements regarding Ivermectin are not in keeping with the Clinical Practice Standards for the prevention and treatment of COVID-19 disease as articulated by Health Canada and BCCDC recommendations and guidance, and the joint statement of the regulatory colleges including the CPSBC that explicitly states registrants must not prescribe Ivermectin for the treatment or prophylaxis of COVID-19.
d. his Medical Opinion is not consistent with current and widely held knowledge of the profession when interpreting scientific knowledge that indicates that Ivermectin does not protect a person from or treat the harms associated with COVID-19 disease including prevention of infection, less symptomatic COVID-19 disease and less severe outcomes and may cause considerable harm especially at high doses.

(ii) ***does not meet the Harm Prevention Standard***:

a. he does not take all reasonable steps to prevent or minimize harms from COVID-19 disease by neglecting to articulate the known benefits of COVID-19 vaccines approved for use in Canada including reduced risk of infection, severe illness and/or death due to COVID-19 disease, and by recommending Ivermectin for the treatment of COVID-19 disease when in fact its use by humans can cause considerable harm especially at high doses.
b. he does not consider the known harms or risk of harms of Ivermectin and as such he does not take all reasonable steps to bring about a positive balance of benefits over potential harms.

(iii) ***is Misleading***:

a. a person seeking information or receiving information about a personal health or health care matter listening to these statements is likely to believe his Medical Opinion and have the Incorrect impression that Ivermectin used for the treatment of COVID-19 is safe and approved for use in Canada.
b. the person would be more likely to reach a decision regarding their medical care to take Ivermectin with and/or instead of COVID-19 vaccination or treatment and can cause considerable harm especially at high doses.

(iv) ***is Incorrect***:

a. a person seeking information or receiving information about a personal health or health care matter listening to these statements is likely to believe his Medical Opinion that Ivermectin used for the treatment of COVID-19 is safe and approved for use in Canada when, in fact, this is not true.
b. the person would be more likely to reach a decision regarding their medical care to take Ivermectin with and/or instead of COVID-19 vaccination or treatment and can cause considerable harm especially at high doses.

(v) ***is Inflammatory***:

a. his Medical Opinion that Ivermectin is an effective treatment and that the CPSBC has banned a safe drug is likely to evoke a strong feeling of fear or anger in a person considering Ivermectin with and/or instead of COVID-19 vaccination.
b. the person would be more likely to reach a decision regarding their medical care to take Ivermectin with and/or instead of COVID-19 vaccination or treatment and could cause considerable harm especially at high doses.

6.2. Publicly expressing that the COVID-19 vaccinations are dangerous

(17) **Statements**.

(i). ***Statement (3).*** Dr. Daniel Nagasse stated in a speech on Dec. 9, 2021, outside the BC legislature:

"*This was in the two weeks that followed my successful treatment of COVID with ivermectin. But not only did they ban a safe drug, but the College of Physicians and Surgeons pushed* ***a dangerous and ineffective injection****, as the only path forward…."*

(ii). ***Statement (4).*** Dr. Daniel Nagasse stated in a speech on Dec. 9, 2021, outside the BC legislature:

*"Unfortunately, ignorance does exist. The College of Physicians and Surgeons pushed **a dangerous and ineffective injection** as the only path forward for **an unremarkable seasonal virus**; one with a greater than 99% survival rate."*

(iii). ***Statement (5).*** Dr. Daniel Nagasse stated in a speech on Dec. 9, 2021, outside the BC legislature:

*"I've worked since 2004. I have seen many flu seasons. The 2020 influenza season, even if you relabel it as a coronavirus pandemic, is no different. However the problem is even greater than the medical licensing boards, pushing **the most dangerous injection in the history of vaccination**. […] now, almost two years later freedom from imprisonment, a lockdown, comes only at the price of submitting to **an inhuman experiment**. A genetic tool that killed all the animals it was tested on when trialed with sars-coronavirus 1. It would be **unethical** to repeat that experiment again on animals, never mind people. And now, this **deadly RNA injection, this deadly scientific manipulation**, is the price for freedom. For free – for **being free from** being locked down by ignorant politicians. And **people who call themselves doctors** and health ministers".*

(iv). ***Statement (6).*** Dr. Daniel Nagasse stated in a speech for Doctors on Tour on Dec. 9, 2021, in Victoria BC:

*"…CNN actually admitted that COVID vaccines cannot prevent transmission. So why in the world are people supposed to take them? **If you have a 99.7% survival rate, this virus is less deadly than the seasonal flu**. Taking some kind of injection is not going to prevent transmission either. **The only reason to take this injection is to enrich Pfizer**."*

(v). ***Statement (7).*** Dr. Daniel Nagasse stated in a speech for Doctors on Tour on Dec. 9, 2021, in Victoria BC:

*"If you've already had COVID and then you take an injection…systemic side effects three times more common if previous COVID. So the vaccine is causing the immune system to overreact because the immune system is [inaudible] seeing the same problem that is successfully fought off before, reappear, and **that is possibly the most dangerous thing you can do**; to trick the body into thinking it wasn't successful the first time."*

(vi). ***Statement (8).*** Dr. Daniel Nagasse stated in a speech for Doctors on Tour on Dec. 9, 2021, in Victoria BC:

*"If you have successfully fought off COVID before, **the worst possible thing you could do to yourself is take this injection**."*

(vii). ***Statement (9).*** Dr. Daniel Nagasse stated in a speech for Doctors on Tour on Dec. 9, 2021, in Victoria BC:

*"Now, the other issue here is what does a spike protein do to the body. Well in fact, **a spike protein can be highly toxic. Spike proteins inhibit DNA repair**…And remarkably, every single one of our cells has very highly efficient, highly effective DNA repair mechanisms, that can spot*

damage to DNA and repair it before it turns into cancer. And guess what protein stops the DNA repair, spike proteins."

6.2.1. COVID-19 is an unremarkable seasonal virus comparable to Influenza

(18) **Summary of medical evidence**.

(i). ***Harms associated with COVID-19 disease.*** As of January 14, 2023, COVID-19 has caused over 245,000 hospitalizations and 50,000 deaths in Canada to date,[30] approximately 5% more deaths than would have been expected in the absence of a pandemic.[31] Seniors over age 65, particularly with comorbidities, are among the most impacted, with over 85% of excess deaths in this age group attributed to COVID-19.[32] Approximately 5% of COVID-19 cases in Canada overall have been hospitalized, with 15% of hospitalized cases admitted to the ICU.[33] As of January 25, 2023, British Columbia has had over 32,000 hospital admissions, 6800 critical care admissions and 5000 deaths due to COVID-19.[34] Notably, a study with the Office of the Chief Public Health Officer of Canada estimates that hospitalizations and deaths in Canada would have been up to 2 million and up to 800,000, respectively, in the absence of public health measures or vaccination, versus hospitalizations and deaths of 150,602 and 38,783, respectively, observed as of April 24, 2022 with public health measures and vaccines.[35] Risk factors for severe COVID-19 illness include older age, male sex, comorbidities, immunocompromised status and smoking and are associated with more severe morbidity, ICU admission, invasive mechanical ventilation, disease progression and mortality; pregnancy is associated with an increased likelihood of hospitalization, ICU admission and mechanical ventilation; while multi-system Inflammatory syndrome in children and adults is a rare, life threatening condition associated with SARS-CoV-2 infection.[36] Multiple variants have emerged due to mutations from the original SARS-CoV-2 virus during COVID-19 pandemic waves with varying transmissibility and pathogenicity. The Delta variant, dominant during 2021, caused more severe disease (including greater risk of hospital and ICU admissions) and had a higher mortality rate than previous variants.[37,38] Scientific peer reviewed literature suggests that the Omicron strain, dominant during 2022, is more transmissible and less virulent than previous variants.[39,40,41] While recent evidence suggests that Omicron infection may confer beneficial homologous immunity,[42] SARS-CoV-2 reinfection adds risk of all-cause mortality, hospitalization and adverse health outcomes during acute and post-acute SARS-CoV-2 reinfection period, with the risk and burden increasing in a graded manner according to the number of infections.[43]

(ii). ***Harms of COVID-19 relative to Influenza disease.*** COVID-19 is associated with a higher burden of serious illness and death than seasonal influenza. In 2020 in Canada, almost 3 times more deaths occurred due to COVID-19 (16, 151 deaths) than due to influenza and pneumonia combined (5931 deaths, noting that not all deaths due to pneumonia are related to influenza, thus representing an overestimate of influenza deaths).[44] A June 2020 article estimated the case fatality rate for COVID-19 to be 1.6% based on Canadian data.[45] Global estimates of the case fatality rate for COVID-19, influenza A and influenza B are much higher at 6.5%, 6% and 3% respectively but vary significantly by country, age cohort, and Influenza A subtype.[46] As of January 2023, the COVID-19 mortality rate in Canada is 129 per 100,000 population, compared to an estimated seasonal influenza mortality rate of 11 per 100,000, depending on the severity of strains each season.[47,48] In a nation-wide retrospective analysis in France, in hospital mortality was almost three times higher for patients with COVID-19 than for patients with influenza (relative risk of death of 2.9; age standardized mortality ratio of 2.82).[49] During the first wave, COVID-19 illness was associated with a significantly greater mortality, Intensive Care Unit use and hospital length of stay than influenza illness in Canada.[50] Likewise, a United States ("US") study determined that COVID-19 was associated with significantly more weekly hospitalizations, more use of mechanical ventilation and higher mortality rates than influenza.[51] Among adults in BC, a BCCDC analysis of surveillance data showed that in 2020 and 2021 pre-Omicron, in the context of a largely unvaccinated population and stronger public health measures, COVID-19 related hospitalization rates were significantly higher than historical influenza rates ranging from 1.7-3.3 times in all age groups (depending on Influenza sub-type), and 2.4 to 5.0 times in persons 60 years of age and older (figure 1). However. unvaccinated adults (18 and above) during this period remained at risk with higher COVID-19 hospitalization rates. In contrast, among those 0-17 years of age, COVID-19 hospitalization rates in the first two years of the pandemic were comparable or lower than those for influenza regardless of vaccination status or circulating variant.[52]

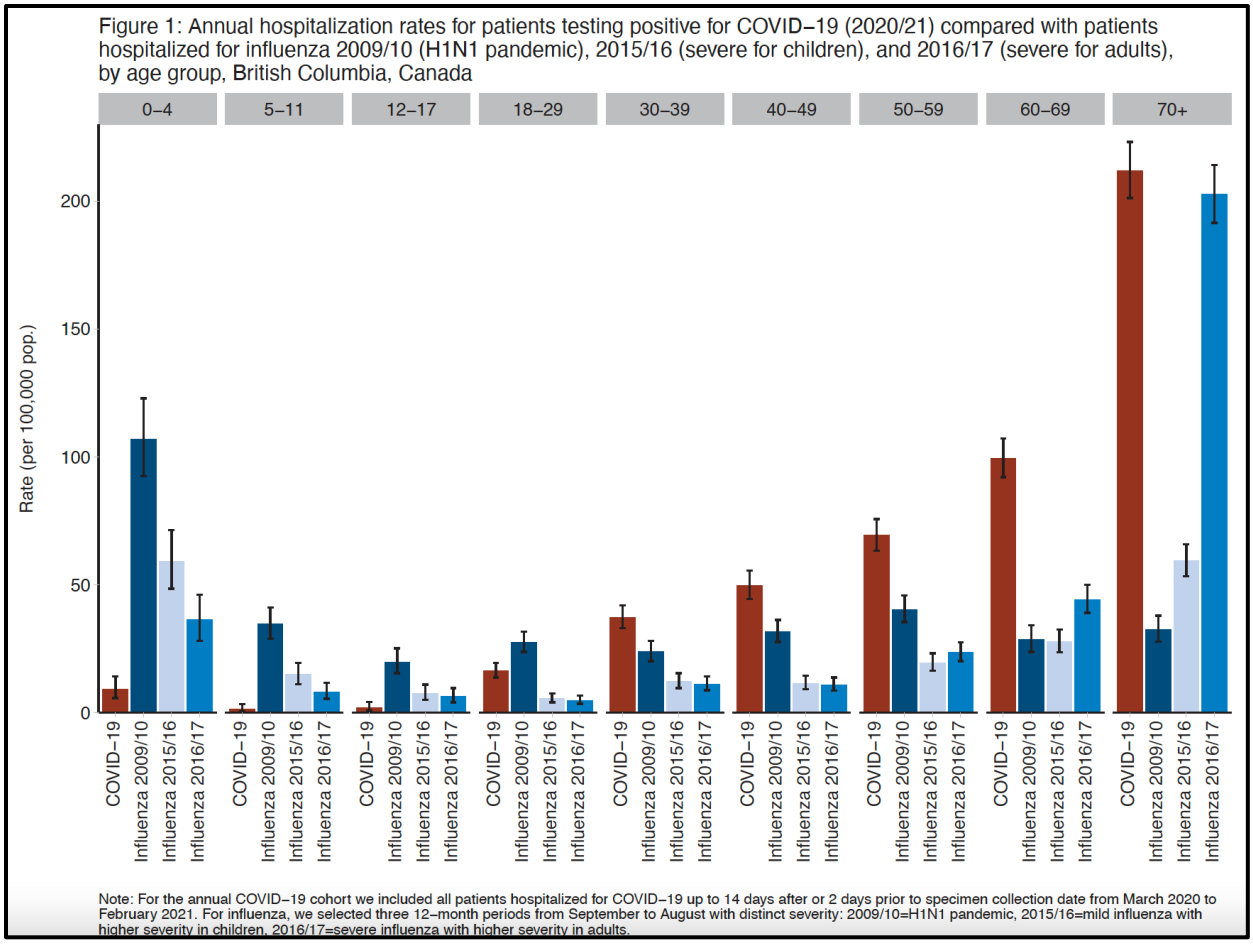

Figure 1. Annual hospitalization rates for influenza and COVID-19 by age cohort 2020-2021 'mostly un-vaccinated or un-exposed population', BC, Canada. (supra note 52).

(19) **Analysis**. Contrary to Dr. Daniel Nagasse's statement on December 9, 2021, there is substantial evidence that COVID-19 is associated with a higher burden of serious illness and death than seasonal influenza, with significantly greater mortality, ICU use, and duration of hospitalization. This is particularly true for those infected in higher age cohorts and for those infected by COVID-19 variants prior to the arrival of the Omicron variant in early 2022.

(20) **Opinion.** In making the statements on December 9, 2021, and including specific reference to COVID-19 being "an unremarkable seasonal virus; one with a greater than 99% survival rate" (Statement 4), "The 2020 influenza season, even if you relabel it as a coronavirus pandemic, is no different." (Statement 5), "If you have a 99.7% survival rate, this virus is less deadly than the seasonal flu", Dr. Daniel Nagasse:

(i) ***does not meet the Prudence Standard***:

a. he does not demonstrate clinical and moral reasoning and judgement in providing a Medical Opinion that COVID-19 is an unremarkable seasonal virus comparable to Influenza and when in fact COVID-19 infection can cause significantly more harm than Influenza, particularly in unimmunized older or immunocompromised persons; and his Medical Opinion differs significantly from Clinical Practice Standards for the prevention of COVID-19, Specialist physicians qualified to provide a Medical Opinion on COVID-19, and academic Specialists who inform the Published Peer Reviewed Medical Literature.
b. he does not consider the relevant knowledge and facts regarding COVID-19, and in particular, that hospital admission rates, ICU admission rates, and mortality rates are significantly higher for persons infected with the COVID-19 virus (prior to the Omicron variant) than with Influenza, particularly in unimmunized older or immunocompromised persons.
c. he does not demonstrate exemplary medical care as his statements regarding COVID-19 are not in keeping with the Clinical Practice Standards for the prevention and treatment of COVID-19 as articulated by Health Canada and BCCDC recommendations and guidance.
d. his Medical Opinion is not consistent with current and widely held knowledge of the profession when interpreting scientific knowledge that the harms of infection with the COVID-19 virus (prior to the Omicron variant) are significant and greater than those of Influenza, particularly in unimmunized older or immunocompromised persons.

(ii) ***does not meet the Harm Prevention Standard***:

a. he does not take all reasonable steps to prevent or minimize harms from COVID-19 disease by neglecting to articulate the potential for harm including hospitalization, ICU admission, and death both independently from and relative to Influenza.
b. he does not consider the known or potential health benefits and known harms or risk of harms of COVID-19 vaccines approved for use in Canada and as such he does not take all reasonable steps to bring about a positive balance of benefits over potential harms.

(iii) ***is Misleading***:

a. a person seeking information or receiving information about a personal health or health care matter listening to this statement is likely to believe his Medical Opinion and have the Incorrect impression that COVID-19 does not cause harm, or at minimum is no more harmful than Influenza.

b. the person would be more likely to reach a decision regarding their medical care that efforts to prevent infection by the COVID-19 virus, including vaccination, are unwarranted.

(iv) ***is Incorrect***:

a. a person seeking information or receiving information about a personal health or health care matter listening to this statement is likely to believe his Medical Opinion and have the Incorrect impression that COVID-19 does not cause harm, or at minimum is no more harmful than Influenza when, in fact, none of this is true.

b. the person would be more likely to reach a decision regarding their medical care that efforts to prevent infection by the COVID-19 virus, including vaccination, are unwarranted.

(v) ***is Inflammatory***:

a. his Medical Opinion that COVID-19 is no more harmful than Influenza is likely to evoke a strong feeling of fear or anger in a person considering vaccination.

b. the person would be more likely to reach a decision regarding their medical care that efforts to prevent infection by the COVID-19 virus, including vaccination, are unwarranted.

6.2.2. COVID-19 vaccines are ineffective and dangerous

(21) Summary of Medical Evidence.

(i). ***COVID-19 vaccination is effective in preventing serious illness and death from COVID-19.*** Global and Canadian vaccine effectiveness (VE) analyses suggest that COVID-19 vaccines are highly protective against COVID-19 serious illness, including hospitalization and death, and SARS-CoV-2 infection.[53] Global two dose VE during the Delta wave ranged from 90-100% protection against severe illness, including hospitalization and death, with 54-85% protection against SARS-CoV-2 infection.[54] During the Delta dominant wave in BC, two doses of any COVID-19 vaccine provided substantial protection against hospitalization (90%) and against SARS-CoV-2 infection (80%) that persisted 8 months post-vaccination.[55,56,] During the Omicron dominant wave in BC, two dose VE estimates declined but remained substantial against serious illness (65-75% vs. hospitalization, 40-50% vs. ER visits), while protection against SARS-CoV-2 infection lessened to 10-15% due to a combination of waning immunity and immune evasion of novel variants.[57,] However, a 3rd booster dose in the Omicron wave increased protection against

hospitalization (>90%) and bumped up protection against any SARS-CoV-2 infection (to ~50-60%).[58] Available evidence suggests that vaccination induces the most consistent and reliable immune response (i.e., compared to infection induced immunity) that persists for 6-9 months, subject thereafter to waning immunity and variant immune escape.[59] A scientific peer reviewed modelling paper estimates that COVID-19 vaccines averted over 19.8 million deaths in the first year of the pandemic, reducing total deaths due to COVID-19 by 63%.[60] As of September 25, 2022, of hospitalized cases in Canada, 47% were unvaccinated, compared to 20% with a primary series completed, and 3% with a primary series completed and 2 or more booster doses.[61] Likewise, as of September 25, 2022, of deaths occurring in Canada, 48% were unvaccinated, 17% had a primary series completed and 5% had a primary series completed with at least 2 booster doses.[62] Evidence accumulated during the Omicron wave suggests that booster vaccine doses and hybrid immunity may provide additional protection against serious COVID-19 illness and SARS-CoV-2 infection.[63] In BC, in 2022 with a largely vaccinated population despite fewer restrictions, hospitalization rates for COVID-19 were similar to historical influenza rates, though still 2.0-3.0 times higher in older age cohorts for some Influenza strains (Figure 2).

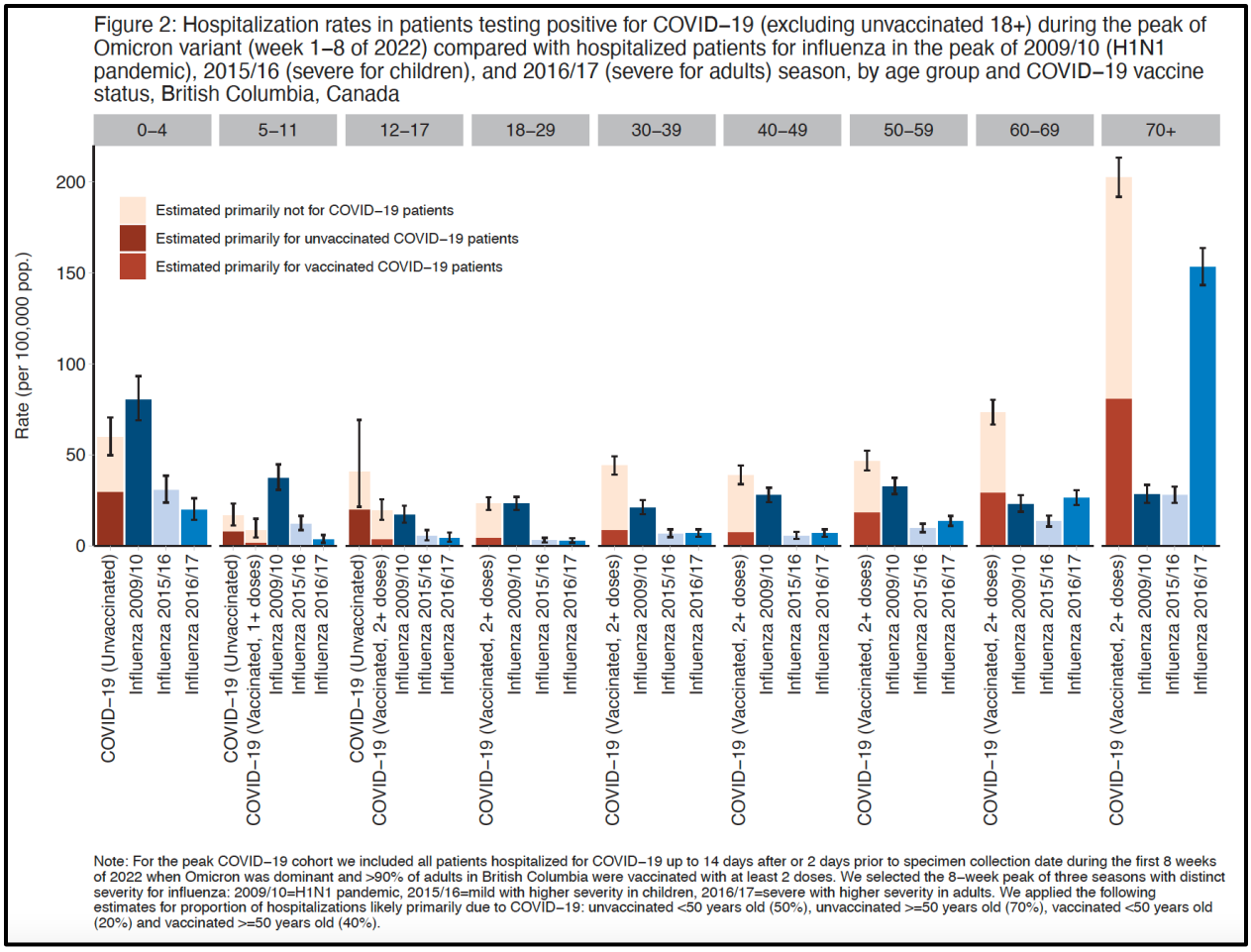

Figure 2. Annual hospitalization rates for influenza and COVID-19 by age cohort 'mostly vaccinated or exposed population', 2022, BC, Canada. (supra note 52).

(ii). ***COVID-19 vaccination is safe and serious adverse events extremely rare.*** COVID-19 vaccines used in Canada are assessed and approved through the same standard pre-market assessment and approval process adjudicated by Health Canada as other vaccines. This included reviewing preclinical trials in animals, phase I and phase II trials in humans to assess for safety measures, followed by rigorous large-scale phase III trials with clear outcome for efficacy and effectiveness. Following the approval of each COVID-19 vaccine by Health Canada, phase IV post-marketing surveillance and pharmacovigilance activities have been ongoing, including vaccine evaluations, adverse event monitoring, and Published Peer Reviewed Medical Literature regarding the safety and effectiveness of these vaccines. On October 22, 2021, just prior to Dr. Daniel Nagase's statement, guidance issued by the NACI[64] described the known efficacy and effectiveness of each of the four approved vaccines with regards to prevention of

COVID-19 infection, symptomatic COVID-19 disease, and severe outcomes due to COVID-19 disease. This NACI guidance recommends a complete series with an mRNA COVID-19 vaccine for all individuals 12 years of age and older, with updated recommendations issued on January 2022[65] to include children aged 5 to 11 years. Overall, clinical trials of COVID-19 mRNA vaccines have demonstrated high vaccine efficacy against symptomatic COVID-19 illness with good safety profiles, with a trial of Pfizer-BioNTech vaccine of over 43,000 individuals demonstrating 95% vaccine efficacy[66] and a Moderna (mRNA-1273) vaccine trial of over 30,000 individuals demonstrating 94% efficacy.[67] The guidance also included a summary of solicited and unsolicited common and serious AEFIs reported and assessed in Canada prior to its publication. By December 3, 2021, in Canada, 61,495,494 total doses of COVID-19 vaccine had been administered, 28,825 AEFI events reported (0.047% of all doses administered, or <1 per 2000), 6,581 serious AEFI events identified (0.0011% of all doses administered, or <1 per 9,000), and 6 associated deaths (0.000001% of all doses administered, or <1 per 10,000,000).[68] In Canada, these included 89 confirmed cases of Thrombosis with Thrombocytopenia Syndrome (TTS) (0.00015% of all doses administered, or <1 per 700,000) and 1428 reports of myocarditis and/or pericarditis (0.0023% of all doses administered, or <1 per 43,000). By December 2, 2021, in BC, 8,625,058 total doses of COVID-19 vaccine had been administered, 4,666 AEFI events reported (0.054% of all doses administered, or <1 per 2000), and 339 serious AEFI events identified (0.004% of all doses administered, or <1 per 26,000), and no associated deaths.[69] In BC, these included 5 confirmed cases of TTS (0.000058% of all doses administered, or <1 per 2,000,000) and 158 reports of myocarditis and/or pericarditis (0.0018% of all doses administered, or <1 per 55,000).

(22) **Analysis.** At the time of Dr. Daniel Nagase's statement on December 9, 2021, there was significant evidence of both efficacy and effectiveness of COVID-19 vaccines approved for use in Canada and BC, and these vaccines were known to be very safe as serious AEFI were known to be extremely rare. The benefits of vaccines authorized in Canada and BC at that time significantly outweighed the risks of severe illness or death.

(23) **Opinion.** In making the statement on December 9, 2021, and including specific reference to COVID-19 vaccination as "a dangerous and ineffective injection" (Statements 3 and 4), "the most dangerous injection in the history of vaccination" (Statement 5), Dr. Daniel Nagase:

(i) ***does not meet the Prudence Standard***:

a. he does not demonstrate clinical and moral reasoning and judgement in providing a Medical Opinion that COVID-19 vaccines approved for use in Canada are ineffective and dangerous and as such the potential harms of COVID-19 vaccines outweighs their potential benefits in preventing the harms associated with COVID-19 disease including severe illness, hospitalization, ICU admission, and death; and his Medical Opinion differs significantly from Clinical Practice Standards for the prevention of COVID-19, Specialist physicians qualified to provide a Medical Opinion on the risks of COVID-19 disease and the benefits of COVID-19 vaccines, and academic Specialists who inform the Published Peer Reviewed Medical Literature.
b. he does not consider the relevant knowledge and facts regarding these vaccines, and in particular, that COVID-19 vaccines approved for use in Canada are very effective in preventing serious COVID-19 illness and deaths, and that these COVID-19 vaccines are safe and serious adverse events following vaccination are extremely rare.
c. he does not demonstrate exemplary medical care as his statements regarding these vaccines are not in keeping with the Clinical Practice Standards for the prevention of COVID-19 disease as articulated by NACI and BCCDC recommendations and guidance.
d. his Medical Opinion is not consistent with current and widely held knowledge of the profession when interpreting scientific knowledge that indicates the benefits of COVID-19 vaccines approved for use in Canada in preventing harms associated with COVID-19 disease far outweigh the potential harms of COVID-19 vaccination.

(ii) ***does not meet the Harm Prevention Standard***:

a. he does not take all reasonable steps to prevent or minimize harms from COVID-19 disease by neglecting to articulate the known benefits of COVID-19 vaccines approved for use in Canada including reduced risk of infection, severe illness and/or death due to COVID-19 disease.
b. he does not consider the known or potential health benefits and known harms or risk of harms of COVID-19 vaccines approved for use in Canada and as such he does not take all reasonable steps to bring about a positive balance of benefits over potential harms.

(iii) ***is Misleading***:

a. a person seeking information or receiving information about a personal health or health care matter listening to this statement is likely to believe his Medical Opinion and have

the Incorrect impression that COVID-19 vaccines approved for use in Canada are ineffective and dangerous.

b. the person would be more likely to reach a decision regarding their medical care to avoid COVID-19 vaccination that on balance would cause them more risk of harm than COVID-19 disease and its associated harms.

(iv) ***is Incorrect***:

a. a person seeking information or receiving information about a personal health or health care matter listening to this statement is likely to believe his Medical Opinion and have the Incorrect impression that COVID-19 vaccines approved for use in Canada are ineffective and dangerous, and that COVID-19 vaccines are the most dangerous injection in the history of vaccination, when, in fact, none of this is true.

b. the person would be more likely to reach a decision regarding their medical care to avoid COVID-19 vaccination that on balance would cause them more risk of harm than COVID-19 disease and its associated harms.

(v) ***is Inflammatory***:

a. his Medical Opinion that COVID-19 vaccines approved for use in Canada are ineffective and dangerous, and that COVID-19 vaccines are the most dangerous injection in the history of vaccination, is likely to evoke a strong feeling of fear or anger in a person considering vaccination.

b. the person would be more likely to reach a decision regarding their medical care to avoid COVID-19 vaccination that on balance would cause them more risk of harm than COVID-19 disease and its associated harms.

6.2.3. COVID-19 vaccination following COVID-19 infection is dangerous

(24) **Summary of medical evidence.**

(i). ***COVID-19 vaccination following COVID-19 infection does not cause significant harms.*** In a statement released on February 4, 2022, NACI continues to recommend that COVID-19 vaccines should be offered to individuals with previous SARS-CoV-2 infection without contraindications to the vaccine to extend immune-protection against reinfection (i.e. with evidence suggesting protection is more robust and longer lasting with vaccination in previously infected individuals compared to immunity from SARS-CoV-2 infection alone, which is notably variable by severity of infection, age, presence of comorbidities). [70] Some observational trials have found self-

reported increases in adverse effects following COVID-19 vaccination for those with prior SARS-CoV-2 infection.[71,72] One large scale trial of over 3000 health care workers showed that self-reported adverse effects following COVID-19 vaccination for those with prior SARS-CoV-2 infection are largely transient and minor, with no serious events reported.[73] Notably, randomized control trial data is inconclusive with respect to the association of adverse effects and prior SARS-CoV-2 infection.[74] Importantly, self-report measurement is considered a less accurate form of measurement susceptible to a number of biases[75] that may affect the reliability of results (i.e. social desirability, selective recall, variability in recall period). While AEFI surveillance systems in Canada do not currently stratify the rate of adverse events associated with COVID-19 vaccination by prior SARS-CoV-2 infection status, the fact that serious adverse events related to vaccination remain very rare and stable over time despite high vaccination coverage in Canada (as of Dec. 16, 2022, over 83% of the Canadian population have had at least 1 dose of COVID-19 vaccine, with over 80% having completed a 2 dose primary series) [76] and high population SARS-CoV-2 infection-acquired seroprevalence estimates in Canada[77] (with over 70% of Canadian population demonstrating SARS-CoV-2 infection-acquired antibodies as of Oct. 31, 2022, dramatically increasing from 4.5% in August 2021 from the pre-Delta to currently circulating Omicron variant waves), provide strong evidence that vaccines remain safe and effective, including for those with prior SARS-CoV-2 infection.

(ii). ***COVID-19 infection following COVID-19 vaccination may increase immune protection***. A July 2022 BCCDC public health expert review of key literature during the Omicron wave determined that hybrid infection plus vaccine induced immunity improves the heterologous antibody response and extends the duration of immuno-protection. *[78]* A July 2022 PHAC rapid evidence review found that Omicron infection boosted correlates of immunity (neutralizing antibodies and cellular immune responses) against all previous variants for individuals that had prior immunity (due to vaccination and/or infection), whereas those with no immunity prior to Omicron infection had limited cross protection against other variants. Prior immunity from vaccination or heterologous infection prior to the first Omicron infection reduced the risk of Omicron reinfection (i.e. by 96% vs. 72%).*[79]*

(25) **Analysis.** Based on the evidence available in December 2021, and subsequent guidance provided by NACI and BCCDC, there is no evidence that COVID-19 vaccination following COVID-19 infection causes serious adverse events that are different from or occur more frequently than COVID-19 vaccination in COVID-19 naïve individuals.

(26) **Opinion.** In making the statement on December 9, 2021, and including specific reference to COVID-19 vaccination following COVID-19 infection "that is possibly the most dangerous thing you can do" (Statement 7), "the worst possible thing you could do to yourself is take this injection" (Statement 8), Dr. Daniel Nagase:

(i) ***does not meet the Prudence Standard***:

a. he does not demonstrate clinical and moral reasoning and judgement in providing a Medical Opinion that vaccination with COVID-19 vaccines approved for use in Canada following COVID-19 infection is dangerous, and that the risk of vaccination following COVID-19 infection outweighs the benefits in preventing the harms associated with COVID-19 disease including severe illness, hospitalization, ICU admission, and death; and his Medical Opinion differs significantly from Clinical Practice Standards for the prevention of COVID-19, Specialist physicians qualified to provide a Medical Opinion on the risks of COVID-19 disease and the benefits of COVID-19 vaccines, and academic Specialists who inform the Published Peer Reviewed Medical Literature.

b. he does not consider the relevant knowledge and facts regarding these vaccines, and in particular, that serious adverse events associated with COVID-19 vaccination are extremely rare, and that these COVID-19 vaccines are very effective in preventing serious COVID-19 illness and deaths.

c. he does not demonstrate exemplary medical care as his statements regarding these vaccines are not in keeping with the Clinical Practice Standards for the prevention of COVID-19 disease as articulated by NACI and BCCDC recommendations and guidance.

d. his Medical Opinion is not consistent with current and widely held knowledge of the profession when interpreting scientific knowledge that indicates there are no significant harms associated with vaccination with COVID-19 vaccines approved for use in Canada following COVID-19 infection.

(ii) ***does not meet the Harm Prevention Standard***:

a. he does not take all reasonable steps to prevent or minimize harms from COVID-19 disease by neglecting to articulate the known benefits of COVID-19 vaccines approved for use in Canada including reduced risk of infection, severe illness and/or or death due to COVID-19 disease.

b. he does not consider the known or potential health benefits of COVID-19 vaccines in both previously infected and uninfected persons and known harms or risk of harms of

COVID-19 vaccines approved for use in Canada and as such he does not take all reasonable steps to bring about a positive balance of benefits over potential harms.

(iii) ***is Misleading***:

a. a person seeking information or receiving information about a personal health or health care matter listening to this statement is likely to believe his Medical Opinion and have the Incorrect impression that vaccination with COVID-19 vaccines approved for use in Canada following COVID-19 infection is dangerous.

b. the person would be more likely to reach a decision regarding their medical care to avoid COVID-19 vaccination that on balance would cause them more risk of harm than COVID-19 disease and its associated harms.

(iv) ***is Incorrect***:

a. a person seeking information or receiving information about a personal health or health care matter listening to this statement is likely to believe his Medical Opinion and have the Incorrect impression that vaccination with COVID-19 vaccines approved for use in Canada following COVID-19 infection is dangerous when, in fact, none of this is true.

b. the person would be more likely to reach a decision regarding their medical care to avoid COVID-19 vaccination that on balance would cause them more risk of harm than COVID-19 disease and its associated harms.

(v) ***is Inflammatory***:

a. his Medical Opinion that vaccination with COVID-19 vaccines approved for use in Canada following COVID-19 infection is dangerous, is likely to evoke a strong feeling of fear or anger in a person considering vaccination.

b. the person would be more likely to reach a decision regarding their medical care to avoid COVID-19 vaccination that on balance would cause them more risk of harm than COVID-19 disease and its associated harms.

6.2.4. COVID-19 vaccines are experimental

(27) **Summary of Medical Evidence.**

(i). ***New vaccine technologies.*** There has been much discussion and confusion in the public and media about the novelty and risks of newer technologies used in COVID-19 vaccines, and in particular mRNA vaccines. The Pfizer-BioNTech and Moderna Spikevax COVID-19 vaccines are

mRNA vaccines that target spike proteins on the surface of the SARS-CoV-2 virus. The SARS-CoV-2 messenger RNA directing production of these spike proteins is reproduced biochemically using recombinant technology. When the mRNA vaccine is injected, it is taken up by antigen-presenting cells (macrophages and dendritic cells) near the injection site. Inside these cells, the mRNA uses the host cell's ribosomes to produce the SARS-CoV-2 spike protein, which is then expressed on the surface of the cell, stimulating humoral and cellular immune responses. The SARS-CoV-2 mRNA itself does not replicate in the human cell and is rapidly broken down by cellular enzymes. Importantly SARS-CoV-2 mRNA does not enter the cell nucleus, nor does it affect host DNA or RNA.[80] There is no biologically plausible mechanism for COVID-19 mRNA vaccination to alter or modify cellular DNA and therefore is Incorrect to label as gene therapy. While there is evidence that spike proteins from SARS-CoV-2 viral infection can have neurotoxic effects including influencing metabolic function and molecular delivery in the brain, there is no evidence that the spike-*like* proteins produced by the COVID-19 vaccines cause these or any other adverse effects on or in the brain.[81] While the development of mRNA vaccines for COVID-19 was rapid by standard vaccine development timelines, meeting all required steps for regulatory approval by Health Canada, mRNA vaccines have been studied for decades and used in humans in the context of numerous clinical trials in humans as described in a summative peer reviewed article by Wadhwa, et al, in January 2020[82]. With regards to concerns related to human gene modification or integration, "… mRNA vaccines are only targeted for cytoplasmic delivery, circumventing the risk of genomic integration. The relatively short half-life results in transient and more controlled expression of the encoded antigen." That is, they do not change or influence human genes and break down very quickly (within a few days)[83], facts emphasized by a helpful summary "Understanding mRNA COVID-19 Vaccines" published by the Centers for Disease Control and Prevention[84].

(28) **Analysis.** The perceived risks of newer technologies used in COVID-19 vaccines, and in particular mRNA vaccines, are unfounded and no biologically plausible mechanisms for harm related to the immunobiology of mRNA vaccines have been demonstrated. In fact, mRNA vaccine technology is not new nor is it experimental in nature.

(29) **Opinion.** In making the statement on December 9, 2021, and including specific reference to COVID-19 vaccination as "an inhuman experiment" (Statement 5), "deadly RNA injection, this deadly scientific manipulation" (Statement 6), Dr. Daniel Nagase:

(i) ***does not meet the Prudence Standard***:

a. he does not demonstrate clinical and moral reasoning and judgement in providing a Medical Opinion that COVID-19 vaccines approved for use in Canada are experimental and dangerous and as such the potential harms of COVID-19 vaccines outweighs their potential benefits in preventing the harms associated with COVID-19 disease including severe illness, hospitalization, ICU admission, and death; and his Medical Opinion differs significantly from Clinical Practice Standards for the prevention of COVID-19, Specialist physicians qualified to provide a Medical Opinion on the risks of COVID-19 disease and the benefits of COVID-19 vaccines, and academic Specialists who inform the Published Peer Reviewed Medical Literature.
b. he does not consider the relevant knowledge and facts regarding these vaccines, and in particular, that COVID-19 vaccines approved for use in Canada are not experimental in nature, that COVID-19 vaccines approved for use in Canada are very effective in preventing serious COVID-19 illness and deaths, and that these COVID-19 vaccines are safe and serious adverse events following vaccination are extremely rare.
c. he does not demonstrate exemplary medical care as his statements regarding these vaccines are not in keeping with the Clinical Practice Standards for the prevention of COVID-19 disease as articulated by NACI and BCCDC recommendations and guidance.
d. his Medical Opinion is not consistent with current and widely held knowledge of the profession when interpreting scientific knowledge that indicates the benefits of COVID-19 vaccines approved for use in Canada in preventing harms associated with COVID-19 disease far outweigh the potential harms of COVID-19 vaccination.

(ii) ***does not meet the Harm Prevention Standard***:

a. he does not take all reasonable steps to prevent or minimize harms from COVID-19 disease by neglecting to articulate the known benefits of COVID-19 vaccines approved for use in Canada including reduced risk of infection, severe illness and/or or death due to COVID-19 disease.
b. he does not consider the known or potential health benefits and known harms or risk of harms of COVID-19 vaccines approved for use in Canada and as such he does not take all reasonable steps to bring about a positive balance of benefits over potential harms.

(iii) ***is Misleading***:

a. a person seeking information or receiving information about a personal health or health care matter listening to this statement is likely to believe his Medical Opinion and have

the Incorrect impression that COVID-19 vaccines approved for use in Canada are experimental and dangerous.

b. the person would be more likely to reach a decision regarding their medical care to avoid COVID-19 vaccination that on balance would cause them more risk of harm than COVID-19 disease and its associated harms.

(iv) ***is Incorrect***:

a. a person seeking information or receiving information about a personal health or health care matter listening to this statement is likely to believe his Medical Opinion and have the Incorrect impression that COVID-19 vaccines approved for use in Canada are experimental and dangerous when, in fact, none of this is true.

b. the person would be more likely to reach a decision regarding their medical care to avoid COVID-19 vaccination that on balance would cause them more risk of harm than COVID-19 disease and its associated harms.

(v) ***is Inflammatory***:

a. his Medical Opinion that COVID-19 vaccines approved for use in Canada are experimental and dangerous, is likely to evoke a strong feeling of fear or anger in a person considering vaccination.

b. the person would be more likely to reach a decision regarding their medical care to avoid COVID-19 vaccination that on balance would cause them more risk of harm than COVID-19 disease and its associated harms.

6.2.5. Spike proteins produced by COVID-19 vaccines are toxic

(30) **Summary of medical evidence**.

(i). ***Impact of spike protein on DNA repair.*** Effects of coronavirus spike protein on DNA damage repair mechanisms were hypothesized following the publication of a 2021 study [85] retracted in 2022 due to the presence of significant methodological errors compromising data integrity and study conclusions[86], whose authors reported the presence of coronavirus spike protein in the cell nucleus and postulated an inhibition of a key DNA repair mechanism (i.e., non-homologous end joining or "NHEJ"). A subsequent expert analysis noted that, if vaccination does in fact affect DNA repair to some extent, it is unproven and likely to be of short duration, with no evidence of ongoing effects.[87] Furthermore, the hypothetical release of spike protein transiently introduced by mRNA vaccines is unlikely to be comparable to the quantity of spike

protein released by cells engineered by DNA alteration to produce spike protein continually in a laboratory.

(ii). ***No causal association with cancer.*** Speculation regarding increased cancer risk with COVID-19 mRNA vaccines appears to have resulted from these postulated impacts on DNA repair pathways, due the association of severe, ongoing defects in DNA repair mechanisms with certain cancers/oncogenic pathways.[88] A 2022 review in the journal Nature[89] found that COVID-19 vaccines are demonstrated to be immunogenic, safe and clinically effective for patients with cancer. To date, there are no studies showing a casual association between COVID-19 mRNA vaccination and de novo cancer.

(31) **Analysis**. There is no evidence of harm related to spike proteins produced by COVID-19 mRNA vaccines, and in particular harm to DNA in persons who receive these vaccines. There is no causal association with COVID-19 mRNA vaccine and de novo cancer.

(32) **Opinion.** In making the statement on December 9, 2021, and including specific reference to COVID-19 vaccination and the spike protein production they induce, "Well in fact a spike protein can be highly toxic.", "Spike proteins inhibit DNA repair" (Statement 9), Dr. Daniel Nagase:

(i) ***does not meet the Prudence Standard***:

a. he does not demonstrate clinical and moral reasoning and judgement in providing a Medical Opinion that spike proteins produced by COVID-19 mRNA vaccines approved for use in Canada are dangerous and as such the potential harms of COVID-19 vaccines outweighs their potential benefits in preventing the harms associated with COVID-19 disease including severe illness, hospitalization, ICU admission, and death; and his Medical Opinion differs significantly from Clinical Practice Standards for the prevention of COVID-19, Specialist physicians qualified to provide a Medical Opinion on the risks of COVID-19 disease and the benefits of COVID-19 vaccines, and academic Specialists who inform the Published Peer Reviewed Medical Literature.

b. he does not consider the relevant knowledge and facts regarding these vaccines, and in particular, that spike proteins produced by COVID-19 mRNA vaccines approved for use in Canada are not harmful, that these COVID-19 vaccines are very effective in preventing serious COVID-19 illness and deaths, and that these COVID-19 vaccines are safe and serious adverse events following vaccination are extremely rare.

c. he does not demonstrate exemplary medical care as his statements regarding these vaccines are not in keeping with the Clinical Practice Standards for the prevention of COVID-19 disease as articulated by NACI and BCCDC recommendations and guidance.
d. his Medical Opinion is not consistent with current and widely held knowledge of the profession when interpreting scientific knowledge that indicates the benefits of COVID-19 vaccines approved for use in Canada in preventing harms associated with COVID-19 disease far outweigh the potential harms of COVID-19 vaccination.

(ii) ***does not meet the Harm Prevention Standard***:

a. he does not take all reasonable steps to prevent or minimize harms from COVID-19 disease by neglecting to articulate the known benefits of COVID-19 vaccines approved for use in Canada including reduced risk of infection, severe illness and/or death due to COVID-19 disease.
b. he does not consider the known or potential health benefits and known harms or risk of harms of COVID-19 vaccines approved for use in Canada and as such he does not take all reasonable steps to bring about a positive balance of benefits over potential harms.

(iii) ***is Misleading***:

a. a person seeking information or receiving information about a personal health or health care matter listening to this statement is likely to believe his Medical Opinion and have the incorrect impression that spike proteins produced by COVID-19 mRNA vaccines approved for use in Canada are dangerous.
b. the person would be more likely to reach a decision regarding their medical care to avoid COVID-19 vaccination that on balance would cause them more risk of harm than COVID-19 disease and its associated harms.

(iv) ***is Incorrect***:

a. a person seeking information or receiving information about a personal health or health care matter listening to this statement is likely to believe his Medical Opinion and have the incorrect impression that spike proteins produced by COVID-19 mRNA vaccines approved for use in Canada are dangerous when, in fact, none of this is true.
b. the person would be more likely to reach a decision regarding their medical care to avoid COVID-19 vaccination that on balance would cause them more risk of harm than COVID-19 disease and its associated harms.

(v) ***is Inflammatory***:

a. his Medical Opinion that spike proteins produced by COVID-19 mRNA vaccines approved for use in Canada are dangerous, is likely to evoke a strong feeling of fear or anger in a person considering vaccination.
b. the person would be more likely to reach a decision regarding their medical care to avoid COVID-19 vaccination that on balance would cause them more risk of harm than COVID-19 disease and its associated harms.

6.3. Public health specialists are not doctors.

(33) **Statements**.

(i). ***Statement (5).*** Dr. Daniel Nagasse stated in a speech on Dec. 9, 2021, outside the BC legislature:

"I've worked since 2004. I have seen many flu seasons. The 2020 influenza season, even if you relabel it as a coronavirus pandemic, is no different. However the problem is even greater than the medical licensing boards, pushing ***the most dangerous injection in the history of vaccination****. […] now, almost two years later freedom from imprisonment, a lockdown, comes only at the price of submitting to* ***an inhuman experiment****. A genetic tool that killed all the animals it was tested on when trialed with sars-coronavirus 1. It would be* ***unethical*** *to repeat that experiment again on animals, never mind people. And now, this* ***deadly RNA injection, this deadly scientific manipulation****, is the price for freedom. For free – for* ***being free from*** *being locked down by ignorant politicians. And* ***people who call themselves doctors*** *and health ministers".*

(34) **Summary of Medical Evidence.** See Paragraphs 11 (b) "Specialist Physicians and Surgeons", (c) and (d) "Clinical Practice Standards".

(35) **Analysis.** The public health management and communicable disease control of COVID-19, and the implementation of measures to reduce its spread in BC and Canada lies within the medical discipline or speciality of Public Health and Preventive Medicine with support from the medical disciplines or specialties of Infectious Diseases, Medical Microbiology, Clinical Immunology and Allergy, Obstetrics and Gynecology, and Paediatric Medicine. These specialist physicians provide clinical advice to persons, the public, and government based on clinical decisions considering all relevant Published Peer Reviewed Literature and Clinical Practice Standards available to them. When necessary, and to protect both individuals and the public from harm, the public health management and communicable disease control can take the form of Orders based on powers and responsibilities outlined in legal statute within a given jurisdiction.

(36) **Opinion.** In making the statement on December 9, 2021, and including specific reference to decision makers including, "… ignorant politicians. And people who call themselves doctors and health ministers." (Statement 5), Dr. Daniel Nagase:

(i) ***is Misleading***:

a. a person seeking information or receiving information about a personal health or health care matter listening to these statements is likely to believe his Medical Opinion and have the impression that persons providing advice and making decisions regarding COVID-19 prevention and treatment including COVID-19 vaccinations are not real physicians, or physicians who are specialists in COVID-19 prevention and treatment.

b. the person would be more likely to reach a decision regarding their medical care based on the Medical Opinion of Dr. Daniel Nagase that on balance, and based on the statements he has made, would increase their risk of harm from COVID-19 disease and its associated harms.

(ii) ***is Incorrect***:

a. a person seeking information or receiving information about a personal health or health care matter listening to these statements is likely to believe his Medical Opinion and have the impression that persons providing advice and making decisions regarding COVID-19 prevention and treatment including COVID-19 vaccinations are not real physicians, or physicians who are specialists in COVID-19 prevention and treatment when, in fact, this is not true.

b. the person would be more likely to reach a decision regarding their medical care based on the Medical Opinion of Dr. Daniel Nagase that on balance, and based on the statements he has made, would increase their risk of harm from COVID-19 disease and its associated harms.

(iii) ***is Inflammatory***:

a. his Medical Opinion that persons providing advice and making decisions regarding COVID-19 prevention and treatment including COVID-19 vaccinations are not real physicians, or physicians who are specialists in COVID-19 prevention and treatment is likely to evoke a strong feeling of fear or anger in a person considering Ivermectin with and/or instead of COVID-19 vaccination.

b. the person would be more likely to reach a decision regarding their medical care based on the Medical Opinion of Dr. Daniel Nagase that on balance, and based on the

statements he has made, would increase their risk of harm from COVID-19 disease and its associated harms.

Should you have any questions please do not hesitate to contact me.

Sincerely,

Trevor A. Corneil MD FCFP FRCPC
Public Health and Preventive Medicine Specialist

7.0 List of appendices:

1. Instruction Letter CPSBC Re: Dr. Daniel Nagase, Fong-Corneil, October 3, 2022
2. Citation To Appear Dr. Daniel Nagase IC 2021-1608, September 14, 2022
3. Dr. Trevor Corneil Curriculum Vitae, September 2022
4. Dr. Naomi Dove Curriculum Vitae, September 2022

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[86]Jiang H, Mei Y-F. Retraction: Jiang, H.; Mei, Y.-F. SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro. *Viruses* 2021, *13*, 2056. *Viruses*. 2022; 14(5):1011. https://doi.org/10.3390/v14051011 Accessed online January 24, 2023.
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Ng Ariss Fong, Lawyers

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8th Floor, 555 West Georgia Street
Vancouver, BC Canada V6B 1Z5
T: (604) 331-1155 F: (604) 677-5410

Lisa C. Fong, K.C.
lisa@ngariss.com

October 3, 2022

VIA EMAIL (trevor.corneil@ubc.ca)

Dr. Trevor Corneil, MD, FCFP FRCPC
Northern Health Authority
Suite 600, 299 Victoria St
Prince George, BC V2L 5B8

Dear Dr. Corneil:

Re: CPSBC re: Dr. Daniel Nagase

I wish to retain your services, on behalf of the College of Physicians and Surgeons of British Columbia (the "College"), to give an expert opinion on professional obligations as they relate to public statements made by Dr. Daniel Nagase. Dr. Nagase is a former registrant of the College.

A.) Background

The College wishes to retain you to provide a letter setting out your expert opinion on whether Dr. Nagase's statements, as detailed in the Schedule to the Citation to Appear, dated September 14, 2022, and set out in **Schedule "A"** of this letter, are consistent with professional standards, including his obligations under the *CMA Code of Ethics and Professionalism* (the "Code"), and further or alternatively, statements that are misleading, incorrect or inflammatory to an extent that they are not supported by any responsible and competent body of professional opinion within British Columbia or Canada.

B.) Format of Expert Opinion

Please provide your report in the following format.

1. **Qualifications:** Please provide a brief description of your professional and academic qualifications, emphasizing any experience or qualification that may bear on the relevant activities of Dr. Nagase.
2. **List of Assumptions:** Please assume the facts set out in **Schedule "B"** of this letter for the purposes of making your report.
3. **List of Documents Reviewed:** We attach as **Schedule "C"** of this letter a list of documents.

I will advise you if I receive any new information bearing on your letter. If you have already provided your letter, I may ask you to review your letter in light of the new information.

If you rely on information from outside sources concerning ethical and professional obligations, practice standards, or public health requirements, please identify the source and the information on which you are relying.

4. **Terms of Reference:**

Please provide your objective opinion on the following matters.

4.1: In relation to the particulars set out in **Schedule "A"** of this letter, which of Dr. Nagase's statements, if any, are inconsistent with professional standards, including the following standards as articulated in the Code:

a. his obligation under Part A of the Code to act as a prudent physician, and specifically, to use clinical and moral reasoning and judgement, consider all relevant knowledge and circumstances, and make decisions carefully, in good conscience, and with due regard for principles of exemplary medical care (the "Prudence Standard"); or

b. his commitment to the well-being of the patient under Part B of the Code, and specifically, to take all reasonable steps to prevent or minimize harm to the patient, and disclose to the patient if there is a risk of harm or if harm has occurred (the "Harm Prevention Standard").

4.2: Which of Dr. Nagase's statements, if any, are misleading, incorrect, or inflammatory about, inter alia, vaccinations, treatments, and measures for COVID-19, to an extent that they are not supported by any responsible and competent body of professional opinion within British Columbia or Canada.

You must provide your own analysis and opinion as to these issues.

Please refrain from expressing any opinion on whether any act or omission of Dr. Nagase is or is not "professional misconduct" or "unprofessional conduct", or shows or does not show "incompetence", under the *Health Professions Act*. You may, however, opine on whether particular conduct is consistent with standards of conduct accepted by a responsible and competent body of professional opinion.

B.) Other Aspects of Your Retainer

With respect to other aspects of your retainer, please be advised as follows.

Confidentiality: As you have been retained to provide an expert opinion for purposes of a legal proceeding before the College, all of your dealings with the College are privileged and strictly confidential and, except as expressly permitted or as otherwise required by law, you are not at liberty to communicate in any way with any other person about those dealings.

If you have any questions or concerns, please feel free to contact me by the means set out above on my letterhead.

Sincerely,

NG ARISS FONG
Per:

Rachel Nobbe

Lisa C. Fong, K.C.
LCF/rn

Enclosures:

- Schedule "A" – Citation to Appear, dated September 14, 2022
- Schedule "B" – List of Assumptions
- Schedule "C" – List of Documents

Cc: Client

Schedule "A"

1. Citation to appear to Dr. Nagase, signed September 14, 2022, attached to this letter.

Schedule "B"

List of Assumptions

Please assume the following facts are true for the purposes of forming your expert opinion:

1. Dr. Nagase held registration and licensure with the College in the full – family class at the material time.
2. In relation to the particulars set out in Schedule A of this letter, Dr. Nagase is the person making those statements, videos of which are set out in Schedule C of this letter.

Schedule "C"

List of Documents

1. December 9, 2021 speech outside the BC legislature, attached via sync link to this letter.
2. December 9, 2021 speech for Doctors on Tour in Victoria, BC, attached via sync link to this letter.

College of Physicians and Surgeons of British Columbia
300–669 Howe Street
Vancouver BC V6C 0B4
www.cpsbc.ca
Telephone: 604-733-7758
Toll Free: 1-800-461-3008 (in BC)
Fax: 604-733-3503

CPSID 27215
IC2021-1608

CITATION TO APPEAR
Section 37 of the *Health Professions Act*, RSBC 1996, c. 183 ("HPA")

To: Dr. Daniel Nagase
1038 Alice Birch pt N.
Lethbridge, AB V0H 1T0
(via registered mail pursuant to HPA s. 37(2) and s. 54(1))

And to your legal counsel:

Nevin Fishman
Branch MacMaster LLP
1410-777 Hornby Street
Vancouver, BC V6Z 1S4

TAKE NOTICE that the Inquiry Committee of the College of Physicians & Surgeons of British Columbia (the "College") has directed me, the registrar, to issue a Citation under Section 37 of the *Health Professions Act* RSBC 1996, c.183 (*HPA*).

A Discipline Committee Panel will be appointed to conduct a hearing to inquire into your conduct, the circumstances of which are set out in the attached schedule, to determine if your conduct constitutes any matter set out under section 39(1) of the HPA.

AND FURTHER TAKE NOTICE that the Hearing will be held as follows:

Location: Virtually, subject to further order by the Discipline Committee

Dates: To commence on a date and at a time to be determined, with notice to you.

Time: 9:00 a.m.

Method: Electronic

If you are unavailable on the dates set for the hearing, you may apply in writing to request a change in the date.

AND FURTHER TAKE NOTICE that section 38(4.1) of the HPA entitles you to an outline of the anticipated evidence from each of the witnesses that will be called and an opportunity to inspect any documentary evidence at least 14 days prior to the hearing. Your rights relating to the hearing can be found in the HPA and the College Bylaws.

AND FURTHER TAKE NOTICE that hearings are open to the public except where the Discipline Committee Panel determines that the proceedings, in whole or in part, should be closed (s. 4-6(5) of the College Bylaws).

AND FURTHER TAKE NOTICE that at the hearing, legal counsel on behalf of the College will make submissions with respect to the appropriate action to be taken regarding your registration. This action that can be taken includes a reprimand, imposing limits or conditions on your practice, suspension or cancellation of your registration, or imposing a fine, pursuant to section 39(2) of the HPA.

Non-Appearance by Respondent: If you fail to appear at the date, time and place (or electronic platform) set for the hearing, the Discipline Hearing Panel is entitled to proceed with the hearing in your absence, pursuant to section 38(5).

The mailing address for the Discipline Hearing Panel for delivery is:

Attention – Discipline Hearing Panel
College of Physicians and Surgeons of British Columbia
300 – 669 Howe Street
Vancouver, B.C., V6C 0B4

SIGNED .....

DATE Sept 14, 2022

Heidi M. Oetter, MD
Registrar

SCHEDULE

Nature of alleged conduct to be inquired into:

1. Dr. Daniel Yoshio Nagase ("Dr. Nagase") is a family physician and former registrant of the College of Physicians and Surgeons of British Columbia.

2. On or about December 9, 2021, while a registrant, Dr. Nagase engaged in unprofessional conduct, and further or alternatively, contravened standards imposed under the *Health Professions Act*, including but not limited to the Canadian Medical Association's Code of Ethics and Professionalism (the "CMA Code"), by *inter alia*, making public addresses regarding the COVID-19 pandemic and related issues that included his making misleading, incorrect, or inflammatory statements about, *inter alia*, vaccinations, treatments, and measures for COVID-19, and on at least one occasion making these statements while appearing in front of effigies of political figures who were hung from nooses (the "Misconduct").

3. Without limiting the foregoing, and subject to further particulars, the Misconduct included the following (emphasis added):

    a. publicly expressing that Ivermectin is a safe and effective treatment for COVID-19;

        (1) [speech on Dec. 9, 2021, outside the BC legislature] "So, I'm here today because I dared to treat three COVID patients with ivermectin, **it's a safe and effective drug**. The good news, is that all three elderly patients who received ivermectin recovered from COVID and were discharged from the hospital";

        (2) [speech on Dec. 9, 2021, outside the BC legislature] "This was in the two weeks that followed **my successful treatment of COVID with ivermectin**. But not only did they ban **a safe drug**, but the College of Physicians and Surgeons pushed a dangerous and ineffective injection, as the only path forward…."

    b. publicly expressing that the COVID-19 vaccinations are dangerous, or making otherwise misleading, incorrect, or inflammatory statements;

        (3) [speech on Dec. 9, 2021, outside the BC legislature] "This was in the two weeks that followed my successful treatment of COVID with ivermectin. But not only did they ban a safe drug, but the College of Physicians and Surgeons pushed **a dangerous and ineffective injection**, as the only path forward…."

        (4) [speech on Dec. 9, 2021, outside the BC legislature] "Unfortunately, ignorance does exist. The College of Physicians and Surgeons pushed **a dangerous and ineffective injection** as the only path forward for **an unremarkable seasonal virus**; one with a greater than 99% survival rate."

        (5) [speech on Dec. 9, 2021, outside the BC legislature] "I've worked since 2004. I have seen many flu seasons. The 2020 influenza season, even if you relabel it as a coronavirus pandemic, is no different. However the problem is even

greater than the medical licensing boards, pushing **the most dangerous injection in the history of vaccination**. [...] now, almost two years later freedom from imprisonment, a lockdown, comes only at the price of submitting to **an inhuman experiment**. A genetic tool that killed all the animals it was tested on when trialed with sars-coronavirus 1. It would be **unethical** to repeat that experiment again on animals, never mind people. And now, this **deadly RNA injection, this deadly scientific manipulation**, is the price for freedom. For free – for **being free from** being locked down by ignorant politicians. And **people who call themselves doctors** and health ministers".

(6) [speech for Doctors on Tour on Dec. 9, 2021, in Victoria BC] "...CNN actually admitted that COVID vaccines cannot prevent transmission. So why in the world are people supposed to take them? **If you have a 99.7% survival rate, this virus is less deadly than the seasonal flu.** Taking some kind of injection is not going to prevent transmission either. **The only reason to take this injection is to enrich Pfizer**."

(7) [speech for Doctors on Tour on Dec. 9, 2021, in Victoria BC] "If you've already had COVID and then you take an injection...systemic side effects three times more common if previous COVID. So the vaccine is causing the immune system to overreact because the immune system is [inaudible] seeing the same problem that is successfully fought off before, reappear, and **that is possibly the most dangerous thing you can do**; to trick the body into thinking it wasn't successful the first time."

(8) [speech for Doctors on Tour on Dec. 9, 2021, in Victoria BC] "If you have successfully fought off COVID before, **the worst possible thing you could do to yourself is take this injection**."

(9) [speech for Doctors on Tour on Dec. 9, 2021, in Victoria BC] "Now, the other issue here is what does a spike protein do to the body. Well in fact, **a spike protein can be highly toxic. Spike proteins inhibit DNA repair...**And remarkably, every single one of our cells has very highly efficient, highly effective DNA repair mechanisms, that can spot damage to DNA and repair it before it turns into cancer. And guess what protein stops the DNA repair, spike proteins."

c. making at least some of these public statements (e.g., outside the BC legislature) while appearing in front of effigies of political figures who were hung from nooses.

Trevor Anthony Corneil BA MD MHSc FCFP FRCPC

CONTACT INFORMATION

ADDRESSES

Primary Affiliation Address:
University of British Columbia, 2206 East Mall, Vancouver, British Columbia, Canada, V6T 1Z3
Other Mailing Address:
Northern Health, 299 Victoria Street, Prince George, British Columbia, Canada, V2L 5B8

PHONE NUMBERS

Primary: +1 (604) 218 5718
Secondary: +1 (250) 864 7643

EMAIL ADDRESSES

Primary: trevor.corneil@ubc.ca
Secondary: trevor.corneil@northernhealth.ca

EDUCATION

DEGREES OR EQUIVALENT

Sep, 2002- May, 2005	**Fellow of The Royal College of Physicians of Canada (FRCPC): Public Health and Preventative Medicine**; Postgraduate Residency; University of British Columbia
Sep, 2002- May, 2003	**Masters of Health Science (MHSc): Health Care and Epidemiology**; University of British Columbia
Jul, 1995- Jun, 1997	**Fellow of the College of Family Physicians (CCFP, FCFP): Family Practice & Inner-City Medicine**; Postgraduate Residency; University of British Columbia
Sep, 1991- May, 1995	**Doctor of Medicine (MD)**; Queen's University at Kingston
Sep, 1988- May, 1991	**Bachelor of Arts (BA): Life Sciences**; Queen's University at Kingston

RELATED STUDY / DIPLOMAS / CERTIFICATES

Jan, 2015- Jun, 2015	**Sauder Executive Education: Physician Leadership Program**; University of British Columbia
Mar, 2013- Mar, 2013	**Return On Investment Methodology**; ROI Institute
Sep, 2011- Nov, 2011	**Physician Leadership Program**; University of Toronto
Dec, 2010- Jan, 2011	**Sauder Executive Education: The Business Case**; University of British Columbia
Jan, 2011- Feb, 2011	**ReView: Applying TPS Lean Analysis in Health Care**; Vancouver Coastal Health
Aug, 2003- Aug, 2006	**Clinical Counselling, Transgender Health**; University of British Columbia
May, 2003- Jun, 2003	**Health Promotion Institute**; University of Victoria
Sep, 2000- May, 2001	**Physician Executive Management Program**; Simon Fraser University
Jul, 1995- Jul, 2000	**Clinical Counselling, Addictions**; St. Paul's Hospital, Vancouver
Sep, 1997- May, 1998	**Fellowship in Academic Family Medicine**; University of Toronto

EMPLOYMENT RECORD

Mar, 2022- Present	**Associate Director, Clinical Faculty Affairs, School of Population & Public Health**, *Faculty of Medicine, University of British Columbia, Vancouver, British Columbia:* part of the senior management team of the School, I provide leadership and advice on all matters related to clinical faculty including appointment, promotion, mentorship and engagement; I provide input into decisions involving human resources, finances, and school operations.
Jan, 2021- Present	**Director Postgraduate Public Health & Preventative Medicine Program, Clinical Professor**; *Faculty of Medicine, University of British Columbia, Vancouver, British Columbia:* provide postgraduate leadership, curriculum development, resident physician mentorship, human resources management, and faculty development.
Jan, 2021- Present	**Medical Health Officer**; *Northern Health (NH), Prince George, British Columbia:* delivered medical health officer services for the northern region of BC; regional portfolios including pandemic management, mental health and substance use, primary care, and chronic disease prevention;
Sep, 2012- Present	**Inner-City Medicine Physician**; *Interior Health (IH), Kelowna, British Columbia:* provide both primary and specialist care to vulnerable or marginalized clients including HIV-AIDS treatment and prevention, sexually transmitted infections, adult and youth transgender health, mental health and addictions, and opioid agonist therapy at Kelowna Health Services Centre.
Mar, 2020- Dec, 2020	**Senior Medical Advisor COVID-19 Response**; *BC Centre for Disease Control, Provincial Health Services Authority; Ministry of Health, Government of BC; Vancouver, British Columbia:* senior executive position; lead medical advisor to the integrated provincial COVID-19 health emergency command structure, BCCDC Senior Leadership Team, Office of the Provincial Health Officer, Ministry of Health Senior Executive Team; provide consultation, direction, and support to key decision makers across ministries and provincial agencies on COVID-19 pandemic response.
Nov, 2015- Jan, 2020	**Vice President Population Health and Chief Medical health Officer**; *Interior Health (IH), Kelowna, British Columbia:* senior executive position; provided leadership and oversight to IH's public health and health promotion programs, specialized public health services, and indigenous health programs; provide statutory oversight to IH's medical health officers, environmental health officers, and licensing officers under BC's *Public Health Act, Drinking Water Protection Act, Continuing Care and Assisted Living Act*, and other related laws and regulations; member of HAMAC as head of the regional medical Department of Public Health.
Sep, 2011- Nov, 2015	**Medical Health Officer (Order in Council, 2012) and Medical Director**; *Interior Health (IH), Kelowna, British Columbia:* delivered medical health officer services for the interior region of BC; held portfolios in health equity, mental health and substance use, primary care, and chronic disease

prevention; Medical Director of STOP HIV/AIDS (Treatment as Prevention) program and its advance practice HIV physicians and nurse practitioners.

Sep, 2011- May 2013 **Consultant to VP Medical Affairs and Quality**; *Interior Health (IH), Kelowna, British Columbia:* supported project management and program redesign within the medical affairs office, led patient safety investigations, and contributed to early planning of primary care redesign.

Nov, 2012- Nov 2013 **Community Medical Director, Urban**; *Interior Health (IH), Kelowna, British Columbia:* as senior medical administrator oversaw the delivery of urban primary care physician services; responsible for physician recruitment, quality improvement, alternative funding models, and primary care reform.

Aug, 2006- Jun, 2012 **Director, Career Planning Program**; *Undergraduate Medical Education; University of British Columbia:* led medical faculty in the design and implementation of a distributed career planning curriculum; tools included aptitude scales, personality tests, information collation, lectures, small group learning, and practice interviews; delivered across all four academic medical campuses (Vancouver Fraser – Vancouver, Southern – Kelowna, Northern – Prince George, Island – Victoria).

Jul, 1997- Jun, 2012 **Physician, Inner-City Primary Care**; *Vancouver Native Health - through 1999, Pine Youth Clinic - through 2000, Sheway Project - through 2001, Three Bridges Clinic – through 2012; Vancouver Community; Vancouver Coastal Health:* delivered both primary and specialist care through population based clinics to vulnerable or marginalized clients; advance practice areas included HIV-AIDS treatment and prevention, sexual health, adult and youth transgender health, mental health and addictions including opioid agonist therapy, youth health, and indigenous health.

Sep, 2004- Aug, 2011 **Medical Director, Urban Primary Care**; *Vancouver Community; Vancouver Coastal Health:* senior medical administrator, acting executive medical director (2009-11), and chair of Vancouver Community Medical Advisory Committee; provided medical leadership and oversight to six public health and primary care clinics including Pine Youth Clinic and Bridge Clinic for refugee health; fostered collaboration with internal and external stakeholders, developed and managed alternative physician funding models, co-developed early demonstration projects in primary care reform including integrated health networks.

Aug, 2005- Jun, 2008 **RCT Physician and Assistant Clinical Supervisor**; *NAOMI (North American Opiate Medication Initiative); St. Paul's Hospital – Crosstown Clinic, Vancouver:* provided clinical supervisor and physician services within the NAOMI randomized controlled trial comparing injectable heroin and hydromorphone to methadone maintenance therapy in a multidisciplinary community setting; followed health outcomes including treatment retention, addition severity index, medical diagnoses, and social determinants.

Jan, 2001- Feb, 2006 **Lead Faculty Postgraduate Curriculum**; *Family Practice; University of British Columbia:* held the senior administrative role for the development

and implementation of innovative curriculum, across seven geographically distributed sites.

Sep, 2000- Feb, 2006 **Site Faculty for Curriculum**; *Department of Family and Community Medicine; St. Paul's Hospital:* supervised the delivery of curriculum to family medicine residents in collaboration with faculty from other teaching sites across BC.

Sep, 2001- Jun, 2003 **School Physician**; *Public Health Services; Vancouver Coastal Health:* provided community based public health and physician services in collaboration with counsellors and public health nurses.

Sep, 1997- Dec, 2001 **Addictions Consultant**; *Perinatology; Children's & Women's Health Centre of British Columbia:* provided addictions consultation services to perinatologists and obstetricians, including stimulant withdrawal and stabilization on opioid agonist therapy, for women presenting to BC Women's Hospital from Vancouver and/or transferred from around the province.

Sep, 1997- Sep, 2001 **Assistant Director, Family Practice Ward**; *Department of Family and Community Medicine; St. Paul's Hospital:* provided coordination of clinical care on an acute medical ward that included HIV/AIDS patients, the complex elderly, and palliative care overflow.

Jul, 1997- Jun, 1999 **Clinical Associate, HIV-AIDS Ward**; *Department of Medicine; St. Paul's Hospital, Vancouver:* provided hospitalist services as a member of the infectious disease program to patients admitted to BC's only specialized acute care HIV-AIDS ward.

Jul, 1997- Dec, 1998 **Locum Tenens**; *Sole Proprietor:* provided interim locum coverage for physicians whose practice specialized in HIV-AIDS, perinatal addictions, youth health, mental health and addictions, and general primary care.

ADMINISTRATIVE/ORGANIZATIONAL/EXECUTIVE ACTIVITIES

CURRENT COMMITTEE MEMBERSHIPS

Mar, 2022- Present **Chair, Clinical Appointments, Reappointments, and Promotions Committee, School of Population & Public Health**; Faculty of Medicine, University of British Columbia

Mar, 2022- Present **Member, Senior Management Committee, School of Population & Public Health**; Faculty of Medicine, University of British Columbia

Jan, 2021- Present **Chair, Public Health & Preventive Medicine Residency Program Committee**; Faculty of Medicine, University of British Columbia

Jan, 2021- Present **Member, Postgraduate Medical Education Committee**; Faculty of Medicine, University of British Columbia

Jan, 2021- Present **Member, Postgraduate Medical Education Executive Sub-Committee**; Faculty of Medicine, University of British Columbia

Jan, 2021- Present	**Member, Population & Public Health Senior Leadership Team**, Northern Health Authority

PAST COMMITTEE MEMBERSHIPS

Aug, 2021- Jun, 2022	**Member, BC COVID-19 Clinical Reference Group**; BC Centre for Disease Control
Aug, 2020- Aug, 2021	**Co-Chair, BC COVID-19 Clinical Reference Group**; BC Centre for Disease Control
Nov, 2020- Jan, 2021	**Chair, BC COVID-19 Public Health Reference Group**; BC Centre for Disease Control
Jun, 2020- Jan, 2021	**Chair, BC Inter-Agency COVID-19 Guidelines Development Group**; BC Ministry of Health
Jun, 2020- Jan, 2021	**Chair, BCCDC COVID-19 Oversight Committee**; BC Centre for Disease Control
Mar, 2020- Jan, 2021	**Member, Public Health Leadership Committee**; BC Ministry of Health
Jun, 2019- Jan, 2020	**Member, Digital Health Provincial Clinical Leadership Committee**; BC Ministry of Health
Jun, 2019- Jan, 2020	**Co-Chair, Provincial Executive Committee on Aboriginal Health;** BC Ministry of Health
Jan, 2018- Jan, 2020	**Member, Provincial Overdose Emergency Response Committee**; BC Ministry of Mental Health and Addictions
Dec, 2015- Dec, 2019	**Physician Member, Nurse Practitioner Standards Committee**; BC College of Nursing Professionals (CRNBC)
Nov, 2015- Jan, 2020	**Member, Provincial Public Health Executive Committee;** BC Ministry of Health
Jun, 2015- Jan, 2020	**Chair, Population Health Senior Leadership Team**; Interior Health
Jun, 2015- Jan, 2020	**Chair & Head, Medical Department of Public Health;** Interior Health
Jan, 2015- Jan, 2020	**Member, Senior Executive Team**; Interior Health
Jan, 2015- Jan, 2020	**Member, Health Authority Medical Advisory Committee**; Interior Health
Sep, 2014- Jan, 2020	**Member, STOP HIV/AIDS Provincial Steering Committee**; BC Ministry of Health
Aug, 2016- Apr, 2018	**Member, Royal College's National Advisory Committee on Competency-based CPD**; Royal College of Physicians and Surgeons of Canada
Jan, 2015- Apr, 2018	**Member, Provincial Steering Committee on Transgender Health**; BC Ministry of Health
Aug, 2016- Dec 2017	**Member, Provincial Health Systems Steering Committee on Opioid Overdose Mortality and Morbidity**; BC Ministry of Health
Sep, 2012- Dec, 2017	**Chair, Office of the Medical Health Officer Health Equity Initiative**; Interior Health
Nov, 2015- Dec 2017	**Co-Chair, Provincial Public Health Executive Committee;** BC Ministry of Health
Jan, 2015- Jan, 2017	**Member, Executive Medical Group**; Interior Health
Jan 2014- Feb, 2015	**Co-chair, STOP HIV/AIDS Collaborative Implementation Committee**; BC Ministry of Health
Jan, 2014- Jan, 2015	**Member, Community Integrated Leadership Team**; Interior Health
Sep 2013- Jan, 2015	**Member, Mental Health and Substance Use Strategy**; Interior Health
Nov, 2012- Jan, 2015	**Member, Community Medical Affairs Team**; Interior Health

May, 2010- June, 2011	**Past-President**; Canadian Professional Association for Transgender Health; Victoria
Sep, 2009- Feb, 2012	**Member, Health Authority Medical Advisory Committee, Executive Committee**; Vancouver Coastal Health
Sep, 2009- Feb, 2012	**Member, Health Authority Medical Advisory Committee, Quality of Care Committee**; Vancouver Coastal Health
Sep, 2010- Feb, 2012	**Chair, Vancouver Community Medical Advisory Committee**; Vancouver Coastal Health
Sep, 2009- Jun, 2010	**Vice-Chair, Vancouver Community Medical Advisory Committee**; Vancouver Coastal Health
Sep, 2009- Jun, 2012	**Member, Legal Issues Committee**; World Professional Association for Transgender Health
May, 2009- Sep, 2010	**Chair, Sub-committee on Access to Care: DSMV Consensus Statement to APA**; World Professional Association for Transgender Health; Minnesota
Jul, 2009- May, 2010	**President**; Canadian Professional Association for Transgender Health; Victoria
Sep, 2007- Jun, 2008	**President-elect, Canadian Professional Association for Transgender Health**; Victoria
Sep, 2006- Feb, 2012	**Member, Health Authority Medical Advisory Committee, Physician Credentialing and Resources Committee**; Vancouver Coastal Health
Dec, 2005- Sep, 2006	**Chair, Vancouver Community Primary Care Operations Committee**; Vancouver Coastal Health
May, 2005- Aug, 2011	**Co-Chair, Bridge Clinic Steering Committee for Refugee Health**; Vancouver Coastal Health
May, 2005- Jan, 2010	**Chair, Vancouver Community Medical Director Management Team**; Vancouver Coastal Health
Jan, 2005- Feb, 2006	**Co-Chair, Postgraduate e-Learning Committee, Faculty of Medicine**; University of British Columbia
Jan, 2001- Feb, 2006	**Chair, Postgraduate Curriculum Committee, Department of Family Practice**; University of British Columbia
Aug, 2007- Jun, 2012	**Member, Undergraduate Student Affairs Committee**; University of British Columbia
Feb, 2006- Jun, 2011	**Member, CFPC Examination Committee**; College of Family Practice of Canada, Toronto
Aug, 2007- Aug, 2011	**Member, Primary Health Care Council**; Vancouver Coastal Health
Aug, 2007- Aug, 2011	**Member, EMR Steering Committee**; Vancouver Coastal Health
Sep, 2006- Sept 2008	**Member, Vancouver Community Research Committee**; Vancouver Coastal Health
Nov, 2005- Dec, 2008	**Member, Continuing Professional Development (Life Long Learning Committee), Faculty of Medicine**
Jan, 2005- Dec, 2006	**Member, Vancouver Community Physician Engagement Working Group**; Vancouver Coastal Health
Jan, 2001- Feb, 2006	**Member, Postgraduate Education Committee, Department of Family Practice**; University of British Columbia
Sep, 2001- May, 2002	**Member, Methadone Working Group**; Vancouver Coastal Health
Apr, 2001- Mar, 2002	**Member, Mental Health Task Force**; BC Ministry for Children and Families
Sep, 1999- Feb, 2006	**Member, SPH Family Practice Residency Committee, Department of Family Practice**; University of British Columbia

Sep, 1997- Jun, 2000	**Member, Working Group on Perinatal Substance Use**; BC Reproductive Care Program

TEACHING ACTIVITIES

Sep, 2006- Present	**Public Health and Preventative Medicine Residency, School of Population and Public Health, UBC**; Fellowship residency supervisor, 1-4 senior physician residents per year
Sep, 2005- Present	**Masters in Public Health Graduate Student Supervisor, School of Population and Public Health, UBC**; major paper or thesis supervisor, 1-4 students per year
Sep, 2009- May, 2014	**Preparation for Medical Practice, Undergraduate Medical and Dental Program, Faculty of Medicine, UBC**; Director Population Health & Epidemiology; 280 students 6 credits/year
Sep, 2008- Jan, 2017	**Methadone Maintenance for Chronic Opioid Dependence, College of Physicians & Surgeons of BC**; basic and advanced skills, 75-125 physicians/year
Sep, 2008- Jun, 2017	**Transgender Health, Advanced Practice for Physicians, Transgender Health Information Program**; CME; 20 hours/year; 50 physicians across BC, and Canada
Sep, 2005- Jun, 2015	**Doctor Patient and Society, Undergraduate Medical and Dental Program, Faculty of Medicine, UBC**; 2005-2007 10 students 6 credits/year; 2008- 280 students 2-5 lectures/year
Aug, 2007- Jun, 2012	**Undergraduate Medicine GLTBQ Mentor Group, Faculty of Medicine, UBC**; 20 hours; 35 students
Jul, 1998- Jun, 2012	**Inner-City Medicine, Undergraduate Clinical Traineeship, Faculty of Medicine, UBC**; 3 hours; 25 students; Co-instructors: Peter Granger, Todd Sakakibara
Jul, 1998- Jun, 2012	**Inner-City Medicine, Postgraduate Clinical Traineeship, Faculty of Medicine, UBC**; 2 hours; 720 students; Co-instructors: Peter Granger, Fraser Norrie, Todd Sakakibara, Launette Rieb
Jul, 2005- Jun, 2012	**Career Planning, Undergraduate Medical and Dental Program, Faculty of Medicine, UBC**; 10 hours/year; 900 students distributed across three sites (VFMP, IMP, NMP)
Aug, 2007- Sep, 2009	**Anti-Harassment Workshop**, **Undergraduate Medical and Dental Program, Faculty of Medicine, UBC**; 15 hours; 20 students
Jan, 2004- Jan, 2006	**eLearning Curriculum, Postgraduate Medicine, Faculty of Medicine, UBC**; 1 hour; 125 students; Co-instructors: Morgan Price
Sep, 2000- Jan, 2006	**Vancouver Academic Curriculum, Postgraduate Family Practice, Faculty of Medicine, UBC**; 3 hours; 50 students; Co-instructors: Mary Donlevy
Sep, 1999- Jun, 2001	**Multidisciplinary HIV/AIDS, Undergraduate Medical and Dental Program, Faculty of Medicine, UBC**; 30 students; Co-instructors: Peter Granger
Jul, 1997- Jun, 2002	**Community Skills Curriculum, Postgraduate Family Practice, UBC**; 1 hour; 10 students
Sep, 1992- May, 1993	**Anatomy Laboratory Skills, Queen's University**; 3 hours; 6 students

FUNDING

RESEARCH AND EQUIVALENT GRANTS

Nov, 2021- Nov, 2022	**Canadian Institutes of health Research;** COVID-19 Evidence Network to support Decision-making (COVID-END); **$1,000,000CDN**: John Lavis, Jeremy Grimshaw, Nancy Santesso, Andrea Tricco **Trevor Corneil**, et al (Co-Is)
Nov, 2020- Nov, 2021	**Canadian Institutes of health Research;** COVID-19 Evidence Network to support Decision-making (COVID-END); **$1,000,000CDN**: John Lavis, Jeremy Grimshaw, Nancy Santesso, Andrea Tricco **Trevor Corneil**, et al (Co-Is)
Sep, 2019- Sep, 2020	**Canadian Institutes of health Research;** Concurrent Use and Transition to Methamphetamine among persons at risk of OverDose (CUT Meth OD); **$100,000CDN**: Jane Buxton **Trevor Corneil**, Aamir Bharmal, Bonnie Henry, Paxton Bach, Alexis Crabtree, Nicholas Etches, Alissa Greer, Naveed Janjua, Mohammad Karamouzian, Mark Lysyschyn, Jessica Moe, Roy Purcell, Travis Salway, Amada Slaunwhite
Sep, 2019- Aug, 2023	**Social Sciences and Humanities Research Council of Canada Partnership Development Grant**; Kelowna Homelessness Research Collaborative; **$177,900CDN**: John Graham, Gord Lovegrove, Paul van Donkelaar, Shirley Chau, **Trevor Corneil**, Silvina Mema, Darlene Taylor, Eric Lee, Jonathan Corbett, Kyleen Myrah, Michael Evans, Micheal Shier, Carey Doberstein, Kerry Rempel
Apr, 2014- Nov, 2020	**Canadian Institutes of Health Research**; The British Columbia Addiction Network; **$2,712,635CDN**; Evan Wood, Kenneth Tupper (Co- Principal Investigators); Keith Ahamad, Rolando Barrios, William R Bullock, Mae Burrows, Rashmi Chadha, **Trevor Corneil** (Co- Investigator) et al
Nov, 2018- Nov, 2019	**University of British Columbia Okanagan Eminence Program**; Kelowna Homelessness Eminence Cluster Establishment Grant; **$20,000CDN**; John Graham, Alina Turner, Darlene Taylor, Trevor Corneil, Eric Li, Gordon Lovegrove, Kerry Rempel, Kyleen Myrah, Paul van Donkelaar, Shirley Chau, **Trevor Corneil**
April 2018- Mar, 2019	**Michael Smith Foundation for Health Research Implementation Science;** HIV Pre-Exposure Prophylaxis Implementation to Key Priority Populations Across British Columbia: Towards HIV Elimination. **$10,000CDN**; Mark Hull, Michael Hayes, Mark Gilbert, Jason Wong, Kiffer Card, George, David Hall, Blake Hawkins, **Trevor Corneil** et al
April 2018- Mar, 2019	**Canadian Institutes of Health Research**; A scoping review to identify the impact of different legal approaches on opioid-related harms and mortality. **$59,759CDN**; Jane Buxton, Bonnie Henry (Co-Principal Applicants), **Trevor Corneil** Dr. Andrew Gray Dr. Perry Kendall (Co-Applicants, Knowledge Users, Collaborators) et al
Apr 2018- Mar, 2019	**Canadian Institutes of Health Research**; Toward an Equity Oriented Framework to Inform Responses to Opioid Overdoses (EOF): A Scoping Review. **$107,750CDN**; Bernadette Pauly, Bruce Wallace, Sana Shahram, (Co-Principal Applicants), Warren O'Briain, (Principal Knowledge User), **Trevor Corneil** (Co-Applicants, Knowledge Users, Collaborators) et al
Apr, 2014- Mar, 2017	**National Institutes of Health**; Seek and Treat to Optimize Prevention of AIDS & HIV In Drug Users; **$ 2,301,290USD**; Julio Montaner, Mark Hull (Co-Principal Investigators); **Trevor Corneil** (Co- Investigator)

Jan, 2015- Jan, 2016	**Vancouver Foundation**; Sexual Health Knowledge and Intellectual Disability; **$10,000**; Angela Clancy, Rachelle Hole (Co- Principal Investigators); **Trevor Corneil** (Co- Investigator) et al
Apr, 2011- Mar, 2016	**Canadian Institutes of Health Research**; Reducing Health Inequities: The Contribution of Core Public Health Services in BC; **$800,000CDN**; Trevor Hancock, Marjorie A. MacDonald, Bernadette M. Pauly (Co- Principal Investigators); **Trevor Corneil** (Co- Investigator) et al
Oct, 2010- Sep, 2013	**Canadian Institutes of Health Research**; The Anatomy of Adherence - how gender and the body structure HIV-positive poly-substance using people's relationships to HIV medications; C; **$198,000CDN**; Treena Orchard (Co-Principal Investigator), **Trevor Corneil**, Robert Hogg, David Moore, (Co- Investigators) et al
Oct, 2010- Sep, 2013	**Canadian Institutes of Health Research**; Effect of HAART expansion on community levels of HIV viral load and HIV; C; **$432,672CDN**; Robert Hogg; (Principal Investigator), **Trevor Corneil**, David Moore (Co-investigators) et al
Oct, 2010- Jun, 2012	**Canadian Institutes of Health Research**; Are refugees accessing family doctors in BC? Three years after their arrival how is their health, their resiliency, and their use of the health system.; C; **$98,999CDN**; Co-investigators: Maureen Mayhew (Co-Principal Investigator), Misty Bath (Co-Principal Investigator), **Trevor Corneil**, Michael Klein, et al
Jun, 2009- May, 2010	**BC College of Family Practice**; Gender dysphoria and pervasive developmental disorders in youth; C; **$3,500CDN**; **Principal Investigator: Trevor Corneil**; Co-investigator: Melady Preece
Jan, 2008- Dec, 2011	**Canadian Institutes of Health Research**; Doing Time: a time for incarcerated women to develop an action health strategy; C; **$333,000CDN**; Co-investigators: Ruth Martin (Co-Principal Investigator), Patricia Jansen (Co-Principal Investigator), Vivian Ransden, **Trevor Corneil**, et al
Sep, 2006- Sep, 2007	**Vancouver Foundation**; Community-based participatory action research: Collaborating with women in prison to improve their health; **$50,000 CDN**; Principal Investigator: Ruth Martin; Co-investigators: Vivian Ransden, **Trevor Corneil**, et al
Jun, 2005- Jun, 2006	**Canadian Institutes of Health Research**; Doing Time: A time to re-evaluate the Health and Social Needs of Incarcerated Women.; **$5000 CDN**; Co-investigators: Ruth Martin (Co-Principal Investigator), Vivian Ransden (Co-Principal Investigator), **Trevor Corneil**, et al
May, 2005- Sep, 2008	**Canadian Institutes of Health Research**; Making Healthcare Safer: Evaluating the effect of Online Learning on Infection Control Practices among Health Care Workers.; **$99,999 CDN**; Co-investigators: John Shepherd (Co-Principal Investigator), Elizabeth Bryce (Co-Principal Investigator), Kendall Ho, Annalee Yassi, **Trevor Corneil**, et al
Jan, 2005- Jun, 2006	**University of British Columbia**; eLearning Development in Postgraduate Education; NC; **$20,000 CDN**; Principal Investigator: Trevor Corneil; Co-investigator: Morgan Price (Co-Principal Investigator)
Sep, 2004- Apr, 2011	**Frontline Health Program** (AstraZeneca Corporate Citizenship Grants); Improving the capacity to serve those Canadians who face barriers to healthcare; C; **$275,000CDN**; Co-applicants: **Trevor Corneil**, Vancouver Coastal Health, St. Paul's Hospital, et al
Apr, 2002- Apr, 2003	**University of British Columbia**; Evaluation of a Distributed eLearning Program; NC; **$15,000 CDN**; Co-investigators: Trevor Corneil (Co-Principal Investigator), Morgan Price (Co-Principal Investigator)

Jun, 2001- Jun, 2002	**Ministry of Health Planning**; Inner-City Medicine, Postgraduate eLearning; **$26,000 CDN**; Co-investigators: **Trevor Corneil (Co-Principal Investigator),** Morgan Price (Co-Principal Investigator)

SCHOLARLY, PROFESSIONAL AND SERVICE ACTIVITIES

CONFERENCE ACTIVITIES

KEYNOTE

Sep, 2011	**Vancouver Model of Community Based Transgender Care**; Pre-conference: World Professional Association for Transgender Health; (Invited)
Feb, 2010	**Gay and Lesbian Medical Students - Equity in Education**; Presented to: Equity Subcommittee, Association of Faculties of Medicine (Invited)
Sep, 2008	**Refugee Medical and Psychological Issues - Through a Settlement Lens**; Presented to: The University of Calgary; Pediatric Immigrant and Refugee Health Conference; Calgary, Alberta, Canada (Invited)

INVITED SPEAKER

2016	**Transgender Health in Laboratory Medicine**; Presented To: American Association for Clinical Chemistry; Annual Meeting; Philadelphia, Pennsylvania, US
2010	**Transgender Health in Primary Care**; Presented To: College of Family Practice of Canada; Family Medicine Forum; Vancouver, British Columbia, Canada
2009	**Addiction and detoxification**; St. Paul's CME; Vancouver, British Columbia, Canada
2009	**Principles of Harm Reduction**; St. Paul's Hospital CME; Vancouver, British Columbia, Canada
2009	**Inter-professional Practice Panel**; Presented To: Vancouver Coastal Health; Vancouver, British Columbia, Canada
2008	**Hormone Readiness and Eligibility Assessment Training**; Presented To: Citizen’s Counselling Centre; Trans Health Program; Victoria, Canada
2007	**Transgender Health - Epidemiology**; Grand Rounds, UBC Health Care and Epidemiology
2004	**LGTBQ Health**; Presented To: St. Paul's Hospital, Vancouver; Grand Rounds; Vancouver, British Columbia
2003	**Hepatitis C 201**; Presented To: Health Canada; Hepatitis C Youth Conference; Vancouver, British Columbia
2003	**Hepatitis C the Basics**; Presented To: Health Canada; Hepatitis C Youth Conference; Vancouver, British Columbia
2000	**The Gap – Street Youth**; Presented To: BC Children's Hospital; Grand Rounds; Vancouver, British Columbia; Co-presenter: Jorge Pinzone
2000	**Youth Health**; Presented To: Vancouver Coastal Health; Youth Providers Forum; Vancouver, British Columbia
1998	**Canmed2000 and the Principles of Family Practice**; RCPSC/CFPC Conjoint Meeting on Medical Education; Toronto, Ontario

EVENT ADMINISTRATION ACTIVITIES

Sep, 2009- May, 2010	**Co-Chair; Conference:** Canadian Professional Association for Transgender Health; April 30-May 1, 2010; Montreal
Sep, 2007- June, 2008	**Co-Chair; Conference:** Canadian Professional Association for Transgender Health; Jun 27-Jun 28, 2008; Toronto
Oct, 2007- Dec, 2007	**Co-Chair, Organizing Committee; Course:** Transgender Primary Care; Dec 14, 2007-Dec 15, 2007
Oct, 2006- Dec, 2006	**Co-Chair, Organizing Committee; Course:** Mental Health Care of the Transgender Population; Dec 2, 2006-Dec 2, 2006
Sep, 2004- Jan, 2006	**Co-Chair; Course:** Family Practice e-Learning Curriculum; 2005-2007

ASSESSMENT/REVIEW ACTIVITIES

REFEREEING ACTIVITIES

2018- Present	**World Professional Association for Transgender Health**, Chapter workgroup “The Role of Primary Care in Gender Health”, Chapter workgroup “Epidemiologic Considerations”; Standards of Care, Version 8 estimated publication date 2020.
2009- Present	**International Journal of Environmental Research and Public Health**; MDPI; 1 work(s) reviewed
2008- Present	**International Journal of Transgenderism**; Haworth Press; 1 work(s) reviewed
2007- Present	**International Journal of Drug Policy**; Elsevier; 8 work(s) reviewed
2004- Present	**Canadian Medical Association Journal**; 2 work(s) reviewed
2009- 2010	**Canadian Institutes of Health Research**; 1 grant(s) reviewed
2002- 2006	**Journal of Urban Health**; Springer Link; 3 work(s) reviewed

CONFERENCE REFEREEING ACTIVITIES

May, 2008- May, 2008	**Canadian Professional Association for Transgender Health 2008 Toronto**; 25 abstracts reviewed
Nov, 2005- Nov, 2005	**International Conference on the reduction of drug related harm;** BC Centre for Excellence in HIV/AIDS; 30 abstracts reviewed

GRADUATE EXAMINATION ACTIVITIES

Sep, 2005- Jun, 2010	**Committee Member**; College of Family Physicians of Canada; Examination Committee (SAMP)
Aug, 2008- Aug, 2008	**Faculty Interviewer**; School of Medicine, University of Sidney, Australia

PARTICIPATION/MEMBERSHIP ACTIVITIES

Jul, 2008- Present	**Registered Yoga Teacher (500) - Yoga Alliance**
Sept 2007- Present	**Founding Member - Canadian Professional Association for Transgender Health**
Sep, 2006- Present	**Member - World Professional Association for Transgender Health**
May, 2006- Present	**Fellow - Royal College of Physicians and Surgeons of Canada**
Jan, 1998- Present	**Member - American Society of Addiction Medicine**
Jul, 1997- Present	**Certificant and Fellow (since 2008) - College of Family Physicians of Canada**

COMMUNITY SERVICE ACTIVITIES

Jun, 2011- Jun 2014	**Consultant**; **Strategic Development Committee**; **Canadian Professional Association for Transgender Health**
Sept, 2007-Jun 2011	**Board of Directors**; **Canadian Professional Association for Transgender Health**
Oct, 1995- Jan, 2008	**Medical Advisor and Educator**; **Youth Co AIDS Society**
Feb, 2003- Sep, 2007	**Board of Directors**; **Covenant House Vancouver**
Jul, 1997- Jun, 2001	**Volunteer and Educator**; **Dusk 'till Dawn**
Sep, 1995- Jun, 1997	**Volunteer and Educator**; **AIDS Vancouver**
Sep, 1991- Jun, 1994	**Co-Director and Participant**; **Queen's Medical Outreach**

SCHOLARLY OUTPUT

REFEREED PUBLICATIONS

E. Coleman, et al, **Trevor Corneil** et al, (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: https://doi.org/10.1080/26895269.2022.2100644

Qi Zhang, Michael Goodman, Noah Adams, **Trevor Corneil**, Leila Hashemi, Baudewijntje Kreukels, Joz Motmans, Rachel Snyder & Eli Coleman. Epidemiological considerations in transgender health: A systematic review with focus on higher quality data, International Journal of Transgender Health, 21:2, 125-137 (April 2020)

Michael Goodman, Noah Adams, Eli Coleman, **Trevor Corneil,** Baudewijntje Kreukels, Joz Motmans. Size and distribution of transgender and gender non-conforming populations: A narrative review. *Endocrinology and Metabolism Clinics*. 48(2): 303-321 (June 2019).

Silvina C Mema, Silvina C Mema, Gillian Frosst, Jessica Bridgeman, Hilary Ellen Drake, Corinne Dolman, Leslie Lappalainen, **Trevor Corneil**. (2018). Mobile Supervised Consumption Services in Rural British Columbia: Lessons Learned. *Harm Reduction Journal*. 16(1):4 (Jan 2019).

Sarah Kesselring, Charles Osborne, Andrea Bever, Kate Salters, Zishan Cui, Jason Chia, David M Moore, Surita Parashar, Angela Kaida, Hasina Samji, Janice Duddy, Karyn Gabler, Terry Howard, Denis Nash, Lawrence C McCandless, Thomas L Patterson, **Trevor Corneil,** Julio SG Montaner, Robert S Hogg. Factors associated with delayed and late ART initiation among people living with HIV in BC: results from the engage study. *AIDS Care*. Published online Nov 22: 1-8 (Nov 2018).

Silvina C Mema, C Sage, Y Xu, KW Tupper, D Ziemianowicz, K McCrae, M Leigh, MB Munn, D Taylor, **Trevor Corneil**. (2018). Drug Checking at an Electronic Dance Music Festival During the Public Health Overdose Emergency in British Columbia. *Canadian Journal of Public Health.* 109(5-6): 740-744 (Sept 2018).

Card, Kiffer G, Nathan Lachowsky, Heather Armstrong, Zishan Cui, Lu Wang, Paul Sereda, Jody Jollimore, Thomas L. Patterson, **Trevor Corneil**, Robert S. Hogg, Eric A. Roth, David Moore. The Additive Effects of Depressive Symptoms and Polysubstance Use on HIV Risk Among Gay, Bisexual, and Other Men Who Have Sex with Men. *Addictive Behaviour*. 82 (July 2018): 158-165.

Silvina C Mema, Chloe Sage, Serge Popoff, Jessica Bridgeman, Deanne Taylor, **Trevor Corneil**. Expanding Harm Reduction to Include Fentanyl Urine Testing: Results from a Pilot in Rural British Columbia *Harm Reduction Journal*. 15:19 (April 2018).

Haag, Devon, Travis Salway, Kimberly Thomson, Mark Bondyra, Maja Karlsson, Sophie Bannar-Martin, Elizabeth Colangelo, Troy Grennan, Jason Wong, RC Reyes, **Trevor Corneil**, Dee Hoyano, Mel Krajden, Gina Ogilvie, Jeannie Shoveller, Mark Gilbert. 'P2.12 Differences In Uptake, Characteristics, And Testing History of Clients of Getcheckedonline During Scale-Up to Urban, Surburban and Rural Communities in BC, Canada.' 95.2 *Sexually Transmitted Infections*. 93: A75 (July 2017).

Goldstein, Zil, **Trevor Corneil**, Dina N Greene. 'When gender identity doesn't equal sex recorded at birth: the role of the laboratory in providing effective healthcare to the transgender community.' *Clinical Chemistry*. 63.8 (July 2017): 1342-1352.

Lachowsky, Nathan, Joshun J. S. Dulai, Zishan Cui, Paul Sereda, Ashleigh Rich, Thomas L. Patterson, **Trevor Corneil**, Julio S. G. Montaner, Eric A. Roth, Robert S. Hogg, and David M. Moore. 'Lifetime Doctor-Diagnosed Mental Health Conditions and Current Substance Use Among Gay and Bisexual Men Living in Vancouver, Canada.' *Substance Use & Misuse.* 52.6 (May 2017): 785-797.

Moore, David, Zishan Cui, Nathan Lachowsky, Henry Fisher Raymond, Eric Roth, Ashleigh Rich, Paul Serada, Terry Howard, Willi McFarland, Allan Lal, Julio Montaner, **Trevor Corneil**, Robert S. Hogg. 'Community viral load and factors associated with elevated viremia among a community-based sample of men who have sex with men in Vancouver, British Columbia.' *Jounal of AIDS.* 72.1 (May 2016): 87-95.

Corneil, Trevor, Julius Elephante, Jennifer May-Hadford. 'Non-illicit, non-methadone, prescription opioid overdose deaths in BC's interior: findings from a retrospective case series, 2006-2011.' *Manuscript.* February 2016.

Preece, Melady, **Trevor Corneil**. **'**Gender dysphoria and pervasive developmental disorders in youth: associations and insights through psychometric testing.' *Manuscript.* (December 2012).

Corneil, Trevor, Julius Eisfeld and Marsha Botzner. 'Proposed Changes to Diagnoses Related to Gender Identity in the DSM: A WPATH Consensus Paper Regarding the Potential Impact on Access to Health Care for Transgender Persons.' *International Journal of Transgenderism*. 12.2 (Fall 2010): 107 - 114

Corneil, Trevor, Laura Kuyper, Jean Shoveller, Robert Hogg, Kathy Li, Patricia Spittal, Martin Schechter and Evan Wood. 'Unstable housing, associated risk behaviour, and risk for HIV transmission in injection drug users.' *Health & Place*. 12.1 (March 2006): 79 - 85.

Gamage, Bruce, **Trevor Corneil**, Eva Thomas and Judith Isaac-Renton. 'Prevention and Control of infections in your practice: new tools.' *BC Medical Journal*. 46.7 (September 2004): 355.

Grzybowski, Stefan, Amin Sajan and **Trevor Corneil**. 'The street life of drugs.' *Canadian Medical Association Journal*. 160 (January 1999): 26.

Sajan, Amin, **Trevor Corneil** and Stefan Grzybowski. 'The street value of prescription drugs.' *Canadian Medical Association Journal*. 159 (July 1998): 139 - 142.

Rose, Ken, Terri Jones, R Nirula and **Trevor Corneil**. 'Innervation of motor-neurons based on dendritic orientation.' *Journal Of Neurophysiology*. 73.3 (March 1995): 1319 - 1322.

REFEREED PRESENTATION ABSTRACTS

Kremer, Jon, Lu Wang, Katherine Lepik, Jenny Li, David M. Moore, Kate Salters, Julio S. Montaner, **Trevor Corneil**, Rolando Barrios. 'Public health referrals improve re-engagement for ART interrupted patients.' Conference on Retroviruses and Opportunistic Infections (CROI), Boston, United States. March 2020.

Haag, Devon, Travis Salway, Kimberly Thomson, Mark Bondyra, Maja Karlsson, Sophie Bannar-Martin, Elizabeth Colangelo, Troy Grennan, Jason Wong, RC Reyes, **Trevor Corneil**, Dee Hoyano, Mel Krajden, Gina Ogilvie, Jeannie Shoveller, Mark Gilbert. 'Differences In Uptake, Characteristics, And Testing History of Clients of Getcheckedonline During Scale-Up to Urban, Surburban and Rural Communities in BC, Canada.' STI & HIV World Congress 2017, Rio, Brazil. July 2017.

Greene, Dina, **Trevor Corneil**. 'Providing Effective Healthcare and Laboratory Testing to the Transgender Community.' Inaugural USPATH Scientific Conference, Los Angeles, United States. February 2017.

Lachowsky, Nathan, Zishan Cui, Jollimore, **Trevor Corneil**, Mark Gilbert, Eric Roth, Robert Hogg, David Moore, et al. 'Linking Mental Health and Substance Use, and Their Subsequent Associations with HIV Risk Behavior Among Gay, Bisexual, and Other Men Who Have Sex With Men (MSM) in Vancouver, British Columbia, Canada.' American Public Health Association. Chicago, Illinois. November 2015.

Lachowsky, Nathan, Zishan Cui, Rich, Sereda, Patterson, **Trevor Corneil**, Mark Gilbert, Eric Roth, Robert Hogg, David Moore. 'Substance Use, Mental Health, and HIV Risk Behavior Among MSM in Vancouver, Canada.' Conference on Retroviruses and Opportunistic Infections. Seattle, Washington. February 2015.

Corneil, Trevor, Julius Elefante, Jennifer May-Hadford. 'Non-suicide, non-methadone opioid overdose deaths in Interior British Columbia, 2006–2011: Implications for Psychiatrists.' American Psychiatric Association Annual Conference. Toronto, Ontario. May 2015.

Corneil, Trevor, Roger Parsonage, Michaela Swan. 'Mount Polley Mine tailings pond breach, an environmental health distaster? Lessons Learned.' Health Officers Council of BC. New Westminster, British Columbia. Oct, 2014.

Corneil, Trevor, Julius Elefante, Jennifer May-Hadford. 'Non-suicide, non-methadone opioid overdose deaths in Interior British Columbia, 2006–2011: Implications for Psychiatrists.' Academy of Psychosomatic Medicine Annual Conference. Fort Lauderdale, Florida. Nov, 2014.

Preece Melady, **Trevor Corneil**. **'**Gender dysphoria and pervasive developmental disorders in youth: associations and insights through psychometric testing'. Proceedings Editors: Bockting, Walter. Symposium, World Professional Association of Transgender Health. USA, Georgia. Hawthorn Medical Press. International Journal of Transgenderism. Sep, 2011.

Knox, David, **Trevor Corneil**. 'Vancouver men who have sex with men: arguing for improved access to safer sex products and point-of-care HIV testing in the community from our current baseline.' Canadian Public Health Association. Jun, 2010.

Corneil, Trevor, Melady Preece**. '**Gender dysphoria and pervasive developmental disorders in youth: A Diagnostic And Treatment Dilemma'. Proceedings Editors: Bockting, Walter. Symposium, World Professional Association of Transgender Health. Oslo, Norway. Hawthorn Medical Press. International Journal of Transgenderism. Jun, 2009.

Sakakibara, Todd, **Trevor Corneil**. 'Protocol Panacea? Hormone therapy: levels of evidence.' Proceedings Editors: Oulton, Jim, Joan Quinn, Trevor Corneil. CPATH 2008 Toronto, Canadian Professional Association for Transgender Health. Toronto, Ontario, Canada. June, 2008.

Ho Kendall, **Trevor Corneil**, et al. 'Educating for the Future: Predicting and Managing Change.' 2008 Canadian Conference on Medical Education AFMC – CAME – CFPC – MCC – RCPSC. Montréal, Quebec, Canada. May, 2008.

Corneil, Trevor. 'Advanced practice in mental health and hormone therapy by Family Physicians: an approach to comprehensive care for transgender persons.'. Proceedings Editors: Bockting, Walter. Symosium, World Professional Association of Transgender Health Care Providers. Chicago, Illinois, United States. Hawthorn Medical Press. International Journal of Trangenderism. Sep, 2007.

Corneil, Trevor. 'Integrating harm reduction strategies into the assessment and management of gender dysphoria.' Proceedings Editors: Bockting, Walter. Symposium, World Professional Association of Transgender Health Cre Providers. Chicago, Illinois, United States. Hawthorn Medical Press. International Journal of Transgenderism. Sep, 2007.

REFEREED POSTER ABSTRACTS

Moore, David, Jason Wong, Zishan Cui, G Colley, Mark Tyndall, Nathan J Lachowsky, Evan Adams, Robert S Hogg, **Trevor Corneil**, Reka Gustafson, Dee Hoyano, Michelle Murti, Sandra Allison, Julio S Montaner JS. 'Decreasing community viral load (VL) among HIV-positive men who have sex with men (MSM) in British Columbia (BC): 2003-2014. Canadian Conference on HIV/AIDS Research (CAHR), Winnipeg, Canada. May 2016.

Canadian Conference on HIV/AIDS Research (CAHR), Winnipeg, Canada. May 2016Moore, David, Zishan Cui, Nathan Lachowsky, Henry Fisher Raymond, Eric Roth, Ashleigh Rich, Paul Sereda, Julio Montaner, **Trevor Corneil**, Willi McFarland, Robert S. Hogg. ‘HIV positive MSM with unsuppressed viral load are more likely to engage in risky sex in Vancouver, Canada.’ Conference on Retroviruses and Opportunistic Infections. Seattle, Washington. Feb, 2015.

Corneil, Trevor and Gail Knudson. 'The development of a national professional organization for transgender health: CPATH'. 2009 Symposium, World Professional Association of Transgender Health. Oslo, Norway. Jun, 2009.

Bryce, Elizabeth, Bruce Gamage, **Trevor Corneil**, et al. 'Online Infection Control Education.' International Commission on Occupational Health Conference on Health Care Worker Health / 2007 State-of-the-Art Conference (SOTAC). Vancouver, BC, Canada. October, 2008.

Martin, Ruth, Greg Hislop, **Trevor Corneil**,et al. 'Participatory research with women in prison to improve health.' International Union for Health Promotion and Education Conference. Vancouver, British Columbia, Canada. Jun, 2007.

Gilbert, Mark, Jane Buxton, Kelci Hind, **Trevor Corneil**, Mel Kradjden, Gail McNabb and Cheryl McIntyre. 'The Administration of Perinatal Exposure Prophylaxis to Infants Exposed to Hepatitis B at Childbirth and Factors Associated with Incomplete Administration.' Canadian Public Health Association Conference. Vancouver, British Columbia, Canada. May, 2006.

Corneil, Trevor, Kam Sandhu, Julian Marsden and Morgan Price. 'UBC Postgraduate Medicine e-Learning Project: A New Approach to Distributed Learning'. Family Medicine Forum. Vancouver, British Columbia, Canada. Dec, 2005.

Corneil, Trevor, Laura Kuyper, Jean Shoveller, Robert Hogg, Kathy Li, Patricia Spittal, Martin Schechter and Evan Wood. 'Unstable housing, associated risk behaviour, and increased risk for HIV infection

among injection drug users.' International Aids Society Conference on HIV Pathogenesis and Treatment. Rio de Janeiro, Rio de Janeiro, Brazil. Jul, 2005.

Corneil, Trevor, Laura Kuyper, Jean Shoveller, Robert Hogg, Kathy Li, Patricia Spittal, Martin Schechter and Evan Wood. 'Unstable housing, associated risk behaviour, and increased risk for HIV infection among injection drug users.' Canadian Conference on HIV/AIDS Research. Vancouver, British Columbia, Canada. May, 2005.

McNabb, Gale, Peter Tsang, M Petric, **Trevor Corneil**, Mark Gilbert, Jane Buxton and Mel Kradjden. 'The use of routine HBeAg testing in pregnant women in British Columbia to identify infants at highest risk for vertical transmission.' Association of Medical Microbiology and Infectious Disease Canada. Ottawa, Ontario, Canada. Apr, 2005.

Corneil, Trevor, Mark Gilbert, Jane Buxton, Mel Kradjden, Gail McNabb and Cheryl McIntyre. 'The use of routine HBeAg testing in pregnant women in British Columbia to identify those infants at highest risk for vertical transmission.' Canadian Immunization Conference. Montreal, Quebec, Canada. Dec, 2004.

Corneil, Trevor. 'Strengthening Communities While Reorienting Health Services and Building Healthy Public Policy: Creating conditions for Health'. Family Medicine Forum. Toronto, Ontario, Canada. Nov, 2004.

Corneil, Trevor and Jane Buxton. 'Action based evaluation of a postgraduate mentorship program.' RCPSC Annual Conference. Sep, 2004.

Corneil, Trevor, CindyAnn Lucky and Roy Wyman. 'A Comparative look at the length of family practice training programs around the world.' RCPSC/CFPC Conjoint Conference on Medical Education. Toronto, Ontario, Canada. Sep, 1998.

BOOKS, BOOK CHAPTERS, REPORTS

Dove N, Wong J, Gustafson R, **Trevor Corneil.** *Impact of School Closures on Learning, Child and Family Well-Being During the COVID-19 Pandemic.* BC Centre for Disease Control & BC Children's Hospital. September 2020.

Pollock, Sue, Bimal Chettri, Aaron Miller, **Trevor Corneil**, et al. *Child Health Report.* Office of the Medical Health Officer. Interior Health Authority. 2018.

Corneil, Trevor, Roger Parsonage, Tara Gostelow, Kamran Golmohammadi, J Ivor Norlin, Brent Harris, et al. *Drinking Water in Interior Health: An Assessment of Drinking Water Systems, Risks to Public Health, and Recommendations for Improvement.* Office of the Medical Health Officer. Interior Health Authority. January 2017.

Corneil, Trevor. My Office Wall. *It gets better: coming out, overcoming bullying, and creating a life worth living.* Savage, D and Miller, T, Eds.; Dutton, Penguin Group Inc., New York, 2011.

Contributing author. *National framework for action to reduce the harms associated with alcohol and other drugs and substances in Canada.* Health Canada. Sep, 2005.

Contributing author. *Every breath you take…Provincial Health Officer's Annual Report 2003, Air Quality in British Columbia, A Public Health Perspective.* BC Ministry of Health. Nov, 2004.

Contributing editor. *Cocktails - a youth's guide to drugs and medications.* Vancouver, Canada: Children's & Women's Hospital of British Columbia, 2003.

Schnellert, Leyton, Karen Schell and **Trevor Corneil**. *You me and reality - an educational package for safer sex among youth (video, activities, worksheets, lesson-plans).* Vancouver, Canada: YouthCo AIDS Society, 1995.

REFERENCES

References available upon request.

Naomi Dove MD, MPH, FRCPC

Public Health & Preventive Medicine Specialist Physician

Specialist Qualifications

Fellowship of Royal College of Physicians of Canada (FRCPC)	Public Health & Preventive Medicine	2011

Medical Licensure

Royal College of Physicians & Surgeons of Canada	2011 - Current
BC College of Physicians & Surgeons	2011 - Current

Academic Affiliations

Clinical Assistant Professor	School of Population & Public Health, UBC Faculty of Medicine	2014 – Current

Post-Secondary & Medical Education

American College of Lifestyle Medicine	Dip ABLM	American Board of Lifestyle Medicine Diplomate	2018
University of British Columbia		Clinical Addictions Medicine Training	2016
University of British Columbia	FRCPC	Public Health & Preventive Medicine Residency	2007 – 2011
University of British Columbia	MPH	Master of Public Health	2007 – 2009
McGill University		Psychiatry Residency	2005 – 2007
University of British Columbia	MD	Doctor of Medicine	2001 – 2005
University of British Columbia	BSc	Integrated Sciences	1995 – 2000

Career

BC Centre for Disease Control	Medical Lead; Chee Mamuk Indigenous Health Program	2019 - Current
	Physician Consultant; Overdose Emergency Response	2019 - 2022
Office of the BC Provincial Health Officer	Physician Consultant; COVID-19 Pandemic Response	2020 - 2022
BC Ministry of Mental Health & Addictions	Medical Lead – Surveillance; Overdose Emergency Response Centre	2019 - 2020
BC Centre for Disease Control & Prevention	Medical Lead; Mental Health & Substance Use Prevention	2015 - 2019
First Nations Health Authority	Senior Medical Officer; Director of Health Promotion & Disease Prevention	2012 - 2015
Health Canada, First Nations Inuit Health Branch, BC Region	A/Director of Health Surveillance & Program Evaluation	2011 - 2012

Publications & Abstracts

Kaoser, R., Jones, W., **Dove, N**. et al. Using novel methodology to estimate the prevalence of mental disorders in British Columbia, Canada. Soc Psychiatr Epidemiol (2022). https://doi.org/10.1007/s00127-022-02366-z

Maguet, S., LaLiberte, N., Moore, L., Milkovich, T., Burmeister, C., Scow, M., Sproule, W., **Dove, N**., Martens, S. An evaluation of the Compassion, Inclusion, and Engagement initiative: learning from PWLE and communities across British Columbia. https://doi.org/10.21203/rs.3.rs-1862986/v1

Samji, H., Wu, J., Ladak, A., Vossen, C., Stewart, E., **Dove, N.,** Long, D. and G. Snell. Review: Mental health impacts of the COVID-19 pandemic on children and youth – a systematic review. 2022; 27 (2): 173-189.

BCCDC Knowledge Translation Working Group (authored by **N. Dove**). Addressing the drivers of BC's overdose emergency. BC Med J. 2022: 64 (5): 233.

Samji H, **Dove N**, Ames M, Sones M, B. Leadbeater. Last in line: Impacts of the COVID-19 pandemic on the health & well-being of young adults in BC. BC Med J. 2021; 63 (5): 217

Vigo D, Jones W, **Dove N**, et al. Estimating the Prevalence of Mental and Substance Use Disorders: A Systematic Approach to Triangulating Available Data to Inform Health Systems Planning. The Canadian Journal of Psychiatry. 2022;67(2):107-116.

Thomson K, Richardson C, Samji H, **Dove N**, Olsson C, Shonert-Reichl K, Shoveller J, Gadermann A. and M. Guhn. Early Childhood Social-Emotional Profiles Associated with Middle Childhood Internalizing Problems and Well-being. J of App Dev Psych. 2021; 76; 101301.

Wong J, **Dove N**, Ye X, Chandler R, Bonfonti A, Zahr R, Gustafson R and B. Henry. Measuring the societal impacts of the COVID-19 Response in BC. BCMJ. 63 (1): Jan/Feb 2021; 27.

Dove N, Wong J, Smolina K, Doan Q, Sauve L, Corneil T and R. Gustafson. Impact of school closures on learning and child and family wellbeing. BCMJ. 62 (9), November 2020, 338.

Kaoser, R., Lavergne, R., Samji, H., **Dove, N**., Shirmaleki, M., Tallon, C., Jones, W. and W. Small. Mind the Gap: Comparing Treated Prevalence of Mental and Substance Use Disorders in British Columbia with Expected Prevalence Based on Epidemiological Literature. Accepted poster: UBC Centre for Health Sciences and Policy Research conference, 2020.

Black S, Salway T, **Dove N**, Gilbert M. From silos to buckets: A qualitative study of how sexual health clinics address their clients' mental health needs. Can J of Public Health. 2020.

Salway T, Ferlatte O, Shoveller J, Purdie A, Grennan T, Tan DHS, Consolacion T, Rich A, **Dove N,** Samji H, Scott K, Blackwell E, Mirau D, Holgerson N, Wong J, Gilbert M. The need and desire for mental health and substance use-related services among clients of publicly funded STI clinics in Vancouver, Canada. J Public Health Manag Pract. e-pub; 2018.

Ferlatte, O., T. Salway, H. Samji, **N. Dove**, D. Gesink, M. Gilbert, J. Oliffe, T. Grennan, J. Wong. An application of syndemic theory to identify drivers of syphilis epidemic among gay, bisexual and men who have sex with men. Sexually Transmitted Diseases. 2018; 45 (3): 163-168.

Salway, T., T. Grennan, H. Samji, **N. Dove**, O. Ferlatte, A. Purdie, M. Gilbert. 'Syndemic' service integration: How can STI clinics address burden of unmet mental health care needs of LGBT clients? Accepted abstract: Gay & Lesbian Medical Conference, Philadelphia, Oct. 2017.

Elwood Martin, R., C. Latimer, D. Hanberg, L. Howett, D. Baufeld, B. Stitlis, K. Roth, J. Oliffe, J. Buxton, N. Myers, C. Leggo, W. Taylor and **N. Dove.** Accepted abstract: Achieving Health Goals with Formerly Incarcerated Men. Phase 1 & 2 findings. Family Medicine Forum 2017

Waters, S., I. Sobol, G. Kyba, S. Williams, **N. Dove**. Re. New HIV Testing Guidelines in BC. BC Medical Association Journal. 2014; 56 (7): 347-8.

Dove, N. Can International Medical Graduates Help Solve Canada's Rural Physician Shortage? Can J Rural Med. 2009; 14 (3): 120-3.

Buxton J.A. and **N. Dove**. The burden and management of crystal meth use. Can Med Assoc J. 2008; 178 (12): 1537-9.

Reports

Samji H, **Dove N**, Ames M. Barbic S, Sones M, B Leadbeater for the British Columbia Centre for Disease Control COVID-19 Young Adults Task Force. Impacts of the COVID-19 Pandemic on the Health & Well-being of Young Adults in British Columbia. BC Centre for Disease Control. 2021.

Dove N, Wong J, Gustafson R, Corneil T. Impact of School Closures on Learning, Child and Family Well-Being During the COVID-19 Pandemic. BC Centre for Disease Control & BC Children's Hospital. September 2020.

Jones W, Kaoser R, Shirmaleki M, **Dove N,** Samji H**.** Identifying mental and substance use disorders using administrative data in British Columbia. CARMHA. January 2020.

Goldner E, Jones W, Vigo D, **Dove N**, Samji H, Su T, Tallon C, Yee A. Estimated Prevalence and Distribution of Selected Mental Health and Substance Use Disorders in British Columbia Final Report: Phase One. BC Ministry of Health. 2017.

Expert Panel, Advisory Committee & Guideline Development

Expert Participant: COVID-19 Return to Campus Guidelines. (BC Post-Secondary Institutions with the Ministry of Advanced Education & Skills Training) — 2022

Chair: Decriminalization and Safe Supply Working Group (Doctors of BC) — 2021-22

Policy Statement: Illicit Drugs Toxicity/Overdose Crisis. — 2021

Selected Member: Council on Health Promotion (Doctors of BC) — 2019-22

Expert Participant: Proceedings of a (National) Forum on Population Mental Health & Wellness Promotion: Clarifying the Role of Public Health — 2018

Advisory Committee: BC Overdose Action Exchange — 2018

Peer Review: Guidelines for Family Physicians Working with Formerly Incarcerated People — 2017

Advisory Committee: Office of the Provincial Health Officer of BC: Is 'Good' Good Enough? The Health & Well-Being of Children & Youth in BC — 2016

Oversight Committee: Hope, Help & Healing: A Planning Toolkit for First Nations & Aboriginal Communities to Prevent & Respond to Suicide. — 2015

Expert Panel: Consensus Statement Screening for Depression Perinatal Period in BC Revisited. — 2014

Expert Participant: A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use – 10 Year Plan — 2013

Speaking Engagements & Facilitation

Drivers of Drug Toxicity: Upstream Prevention of Overdose Emergency Committee, Population & Public Health Division, BC Ministry of Health — 2022

Public Health Approaches to Prevent Housing Insecurity & Homelessness: Session facilitator; BC Health Officers Council (HOC) — 2022

Child & Youth Mental Illness Prevention: Panel presenter – Health Officers Council — 2021

Public Health Approaches to Prescribed Alternatives: Session facilitator - HOC — 2021

Learning from the Societal Effects of the COVID-19 Response to 'Build Back Better:' Panel Session - Canadian Public Health Association Conference — 2021

COVID-19 and Children's Mental Health: Drs. N Dove and C. Waddell. Simon Fraser University Children's Health Forum — 2021

Impacts of School Closures on Learning, and Child & Family Well-being: — 2020

1) BC Centre for Disease Control Public Health Grand Rounds; Vancouver, BC;
2) BC Provincial Children's Forum, Victoria, BC;
3) Youth Development Instrument Provincial Policy & Practice Advisory

Mental Health Emergency Response: BC First Nation Regional Caucuses; Vancouver Coastal; Fraser; Interior; Northern; Vancouver Island — 2015

Harm Reduction for First Nations: Island Health Board of Directors; Victoria BC — 2014

Partners in Mental Wellness with FNHA Medical Officers: Regional Mental Wellness and Substance Use Forums; Vancouver Island (Coast Salish, Nuu-Chah-Nulth, Kwakiutl Nations); Northern Region (Prince George); Vancouver Coastal Region (Musqueam, Squamish and Tsleil-Waututh) 2013

First Nations Health Authority - A Public Health Perspective: Canadian College of Health Leaders Vancouver Chapter Event & Webinar; Vancouver, BC 2013

Partners in Health & Wellness - First Nations Health Authority Medical Officers: Gathering Wisdom for a Shared Journey VI conference; Vancouver, BC. 2013

Health Through Wellness Workshop: Remembering, Recovering and Reconciling; Truth & Reconciliation Commission Regional Event; Williams Lake, BC 2013

Indigenous Injury Surveillance & Prevention: BC Injury Prevention Leadership Action Network; Vancouver, BC 2013

Health Promotion & Prevention in the First Nations Health Authority; Provincial Prevention Directors Council; Victoria, BC 2013

Mental Health & Wellness in the First Nations Health Authority: Health Officer's Council of British Columbia Conference; Victoria, BC 2013

Youth Suicide Prevention & Response to Mental Health Emergencies: Tripartite Committee on First Nations Health; Musqueam Nation, North Vancouver 2013

IRS Resolution Health Support Program: Health Officer's Council of British Columbia Bi-Annual Conference; Courtenay, BC 2012

Cancer Prevention in Indigenous Populations: BC Cancer Agency; Vancouver, BC 2012

Balancing Health & Wellness - From the Individual to the Community: Northern Aboriginal Health Conference; Quesnel, BC 2012

Role of Medical Officers in the First Nations Health Authority: Health Officer's Council of British Columbia Conference; Victoria, BC 2011

Teaching

Guest Lecturer – Undergraduate & Post-Graduate Courses

Public Health Residency Programs (UBC, NOSM); Master of Public Health (UBC); Undergraduate Health Sciences (SFU) 2012 - current

Student Supervision

UBC Public Health & Preventive Medicine Residents 2011 - 2019

Practicum Students - UBC MPH Program, Quest University 2011 - 2019